

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095272

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** THERANEXT HEALTHCARE SERVICES, P.A.

**Current Principal Place of Business:**

12865 SW 211 TERR  
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

12865 SW 211 TERR  
MIAMI, FL 33177

**New Mailing Address:**

FEI Number: 71-0904102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZAJAC, ALEJANDRO  
3750 W FLAGLER ST  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

SEPULVEDA, HERNAN  
12865 SW 211 TERR  
MIAMI, FL 33177 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HERNAN SEPULVEDA

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SEPULVEDA, HERNAN  
Address: 12865 SW 211 TERR  
City-St-Zip: MIAMI, FL 33177

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERNAN SEPULVEDA

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date