


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90044 035 ***150.00

DOCUMENT # P04000086442

1. Entity Name
HEALTHPRO, INC.



Principal Place of Business
4445 W 16TH AVE SUITE 401
HIALEAH, FL 33012

Mailing Address
4445 W 16TH AVE SUITE 401
HIALEAH, FL 33012

20001018



2. Principal Place of Business
1930 N Commerce Pkwy

3. Mailing Address
1930 N Commerce Pkwy

Suite, Apt. #, etc.
Suite 6

01062005 Chg-P CR2E034 (10/03)

City & State
Weston, FL

City & State
Weston, FL

Zip
33326

Country
USA

4. FEI Number
20-1205683

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
Martin W. Spiegler

Street Address (P.O. Box Number is Not Acceptable)
1930 N Commerce Pkwy.

Suite 6

City
Weston, FL

Zip Code
33326

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE *Martin W. Spiegler* - **Martin W. Spiegler - President** **1/6/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SPIEGLER, MARTIN W 4445 W 16TH AVE SUITE 401 HIALEAH, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SPIEGLER, ROSALIND 4445 W 16TH AVE SUITE 401 HIALEAH, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD Spiegler, Martin W. 1930 N. Commerce Pkwy, Suite 6 Weston, FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Spiegler, Rosalind 1930 N. Commerce Pkwy, Suite 6 Weston, FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin W. Spiegler* - **Martin W. Spiegler** **1/5/05 954-336-3185**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #