


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000066414</b> 1. Entity Name <b>HEALTHCARETEK INC.</b>	
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Principal Place of Business <b>11415 ARIES DR ORLANDO, FL 32837</b>	Mailing Address <b>11415 ARIES DR ORLANDO, FL 32837</b>
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**DO NOT WRITE IN THIS SPACE**



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number **11-3718775** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASTILLON, ROONEY  
11415 ARIES DRIVE  
ORLANDO, FL 32837**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>PRES</b>
NAME	<b>GONZALEZ, WILFREDO</b>
STREET ADDRESS	<b>11415 ARIES DR</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32837</b>
TITLE	<b>VICE</b>
NAME	<b>ROONEY, CASTELLON</b>
STREET ADDRESS	<b>11415 ARIES DR.</b>
CITY-ST-ZIP	<b>ORLANDO, FL 32837</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

1100000388775  
01/13/06-80012-019 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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  **Rooney Castellon** 01/06/06 407-625-8301