

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066414

Entity Name: HEALTHCARETEK INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

7802 KINGSPONTE PKWY
SUITE 205
ORLANDO, FL 32819

Current Mailing Address:

7802 KINGSPONTE PKWY
SITE 205
ORLANDO, FL 32819

New Principal Place of Business:

7802 KINGSPONTE PKWY
SUITE 106
ORLANDO, FL 32819

New Mailing Address:

7802 KINGSPONTE PKWY
SITE 106
ORLANDO, FL 32819

FEI Number: 11-3718775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASTILLON, ROONEY
11415 ARIES DRIVE
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GONZALEZ, WILFREDO
Address: 11415 ARIES DR
City-St-Zip: ORLANDO, FL 32837

Title: VICE () Delete
Name: ROONEY, CASTELLON
Address: 11415 ARIES DR.
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROONEY CASTELLON

VP

04/25/2008

Electronic Signature of Signing Officer or Director

Date