


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 240064 1. Entity Name FLORIDA HEALTH AGENCY, INC.	
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Principal Place of Business 12693 TAMiami TRAIL EAST SUITE 214 NAPLES, FL 34113 US	Mailing Address 12693 TAMiami TRAIL EAST SUITE 214 NAPLES, FL 34113 US
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04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0906210	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHALEN, WILLIAM A. 12693 TAMIANMI TRAIL EAST #214 NAPLES,, FL 34113

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 _____

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WHALEN, WILLIAM A 4576 SOUTHERN BREEZE NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, BILL J 240 SAND KEY ESTATES #86 CLEARWATER, FL
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04/08/05-80035-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  William A. Whalen 4-5-05 239-775-9849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #