


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90147 036 ***150.00

DOCUMENT # 498221 1. Entity Name H.E.A.L.T.H., INC.																																									
Principal Place of Business 5533 LA GORCE DR MIAMI BEACH FL 33140 US			Mailing Address 5533 LA GORCE DR MIAMI BEACH FL 33140 US																																						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																						
City & State			City & State																																						
Zip	Country	Zip	Country	4. FEI Number 59-1656221 Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)																																					
6. Name and Address of Current Registered Agent MAIZLER, KAAREN S. 5533 LA GORCE DRIVE MIAMI BEACH FL 33140				7. Name and Address of New Registered Agent Name Kaaren Sydney Street Address (P.O. Box Number is Not Acceptable) 5533 La Gorce Dr. Miami Beach City FL Zip Code 33140																																					
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 <u><i>Kaaren Sydney</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/14/06</u>																																									
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%;"> P MAIZLER, KAAREN S. 5533 LAGORCE DRIVE MIAMI BEACH FL 33140 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>				TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAIZLER, KAAREN S. 5533 LAGORCE DRIVE MIAMI BEACH FL 33140 <input type="checkbox"/> Delete																	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAIZLER, KAAREN S. 5533 LAGORCE DRIVE MIAMI BEACH FL 33140 <input type="checkbox"/> Delete																																								
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 exemptions contained in Section 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: <u><i>Kaaren Sydney</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>4/14/06</u> <u>305 866 7103</u> Date Daytime Phone #																																					