

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

• DOCUMENT # 498221

1. Entity Name

H.EALTH, INC.



FILED

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

04-27-2006 90147 036 ***150.00



1st MOORE CR2E034 (10/06)

Principal Place of Business	Mailing Address		
5533 LA GORCE DR MIAMI BEACH FL 33140 US	5533 LA GORCE DR MIAMI BEACH FL 33140 US		

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

City & State	City & State		
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent			
MAIZLER, KAAREN S. 5533 LA GORCE DRIVE MIAMI BEACH FL 33140			
<i>name change only</i> →			

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.			
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SIGNATURE

Karen Sydney

Signature typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

4/14/06

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	
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9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Karen Sydney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

Date

358667103

Daytime Phone #