

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 622690

FILED  
Apr 15, 2005  
Secretary of State

Entity Name: HEALTHEX INTERNATIONAL, INC.

## Current Principal Place of Business:

145 S ORLANDO AVE  
PMB 213 STE 8  
MAITLAND, FL 32751 US

## New Principal Place of Business:

## Current Mailing Address:

145 S ORLANDO AVE  
PMB213 SUITE 8  
MAITLAND, FL 32751 US

## New Mailing Address:

FEI Number: 59-2516596      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TEJPAP, AZIZ-ED-DIN  
221 SHELLPOINT W  
MAITLAND, FL 32751 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 ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TEJPAP, AZIZEDDIN  
Address: 221 SHELLPOINT W  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AZIZEDDIN TEJPAP

P

04/15/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date