2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# F00000006179

Entity Name: HEALTH FACILITIES MANAGEMENT AND EDUCATIONAL SERVICES, INC.

Current Principal Place of Business:

6538 NAVAJO TRAIL
LAKELAND, FL 33813

New Principal Place of Business:

1549 SCHALAMAR CREEK DRIVE
LAKELAND, FL 33801

Current Mailing Address:

6538 NAVAJO TRAIL
LAKELAND, FL 33813

New Mailing Address:

1549 SCHALAMAR CREEK DRIVE
LAKELAND, FL 33801

FEI Number: 22-2492071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIEGEL, SHIRLEY M
6538 NAVAJO TRAIL
LAKEL;AND, FL 33813 US

Name and Address of New Registered Agent:

SIEGEL, SHIRLEY M
1549 SCHALAMAR CREEK DRIVE
LAKEL;AND, FL 33801 US

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: SHIRLEY M. SIEGEL 04/25/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: SIEGEL, SHIRLEY M
Address: 6538 NAVAJO TRAIL
City-St-Zip: LAKELAND, FL 33813

Title: V ( ) Delete
Name: SIEGEL, SAUL
Address: 6538 NAVAJO TRAIL
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: SIEGEL, SHIRLEY M
Address: 1549 SCHALAMAR CREEK DRIVE
City-St-Zip: LAKELAND, FL 33801

Title: VP (X) Change ( ) Addition
Name: SIEGEL, SAUL
Address: 1549 SCHALAMAR CREEK DRIVE
City-St-Zip: LAKELAND, FL 33801

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: SAUL SIEGEL VP 04/25/2005
Electronic Signature of Signing Officer or Director Date