

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90302 040 \*\*\*150.00

**DOCUMENT # F02000000337**

1. Entity Name

HEALTHNOTES, INC.



Principal Place of Business

1505 SE GIDEON, STE 200  
PORTLAND OR 97202

Mailing Address

1505 SE GIDEON, STE 200  
PORTLAND OR 97202

J4041111



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

93-1250748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C-T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LININGER, SCHUYLER  
STREET ADDRESS 1505 SE GIDEON, STE 200  
CITY-ST-ZIP PORTLAND OR 97202

TITLE DV ☐ Delete  
NAME PEET, MICHAEL  
STREET ADDRESS 1505 SE GIDEON, STE 200  
CITY-ST-ZIP PORTLAND OR 97202

TITLE DST ☐ Delete  
NAME O'CONNOR, TIM  
STREET ADDRESS 1505 SE GIDEON, STE 200  
CITY-ST-ZIP PORTLAND OR 97202

TITLE D ☐ Delete  
NAME LAY, GEOFF  
STREET ADDRESS 1505 SE GIDEON, STE 200  
CITY-ST-ZIP PORTLAND OR 97202

TITLE D ☐ Delete  
NAME AMY, STAN  
STREET ADDRESS 4109 NE 19TH SUITE B  
CITY-ST-ZIP PORTLAND OR 97211

TITLE D ☐ Delete  
NAME DOZIER, LINDA  
STREET ADDRESS 905 VIA FRUTERIA  
CITY-ST-ZIP SANTA BARBARA CA 93110

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04  
Date

503-234-4092  
Daytime Phone #

Tim O'Connor