

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004207

FILED
Apr 28, 2004
Secretary of State

Entity Name: SMARTER HEALTH CORPORATION

Current Principal Place of Business:

9048 SPINDLETREE WAY
JACKSONVILLE, FL 32256

New Principal Place of Business:

KOGER CENTER, 3947 BOULEVARD CENTER
110
JACKSONVILLE, FL 32207

Current Mailing Address:

9048 SPINDLETREE WAY
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 22-3859191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBER, ALLEN L
9048 SPINDLETREE WAY
JACKSONVILLE, FL 32256

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: VPS () Delete
Name: WEBER, ALLEN L
Address: 9048 SPINDLETREE WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: P () Delete
Name: TANG, JUN
Address: 9048 SPINDLETREE WAY
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ALLEN L WEBER

VPS

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date