

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002659

FILED
Jun 07, 2004
Secretary of State

Entity Name: HEALTHESSENTIALS SOLUTIONS, INC.

Current Principal Place of Business:

9510 ORMSBY STATION ROAD, STE. 101
LOUISVILLE, KY 40223

New Principal Place of Business:

Current Mailing Address:

9510 ORMSBY STATION ROAD, STE. 101
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 61-1342095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: BARR, MICHAEL R
Address: 9510 ORMSBY STATION ROAD, STE. 101
City-St-Zip: LOUISVILLE, KY 40223

Title: VC () Delete
Name: BRUCKMANN, BRUCE
Address: 126 EAST 56TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: SHERRILL, STEPHEN
Address: 126 EAST 56TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: PERTUZ, BRETT
Address: 126 EAST 56TH STREET
City-St-Zip: NEW YORK, NY 10022

Title: S () Delete
Name: CLONTZ, JOHN E
Address: 9510 ORMSBY STATION ROAD, STE. 101
City-St-Zip: LOUISVILLE, KY 40223

Title: T () Delete
Name: PFAADT, NORMAN J
Address: 9510 ORMSBY STATION ROAD, STE. 101
City-St-Zip: LOUISVILLE, KY 40223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: NORM PFAADT

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06/07/2004

Electronic Signature of Signing Officer or Director

Date