

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006125

FILED
Jun 29, 2005
Secretary of State

Entity Name: HEALTH REVENUE ASSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

10097 CLEARLY BOULEVARD
PLANTATION, FL 33324

New Principal Place of Business:

10097 CLEARLY BOULEVARD
SUITE 513
PLANTATION, FL 33324

Current Mailing Address:

10097 CLEARLY BOULEVARD
PLANTATION, FL 33324

New Mailing Address:

10097 CLEARLY BOULEVARD
SUITE 513
PLANTATION, FL 33324

FEI Number: 52-2322643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBINOWTIZ, ROBERT
10097 CLEARLY BOULEVARD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

RUBINOWTIZ, ROBERT
10097 CLEARLY BOULEVARD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

06/29/2005

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: PC () Delete
Name: CLARK, ANDREA
Address: 10097 CLEARLY BOULEVARD
City-St-Zip: PLANTATION, FL 33324

Title: DST () Delete
Name: RUBINOWITZ, ROBERT
Address: 10097 CLEARLY BOULEVARD
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: CLARK, ANDREA
Address: 10097 CLEARLY BOULEVARD
City-St-Zip: PLANTATION, FL 33324

Title: DST (X) Change () Addition
Name: RUBINOWITZ, ROBERT
Address: 10097 CLEARLY BOULEVARD
City-St-Zip: PLANTATION, FL 33324

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: ROBERT RUBINOWITZ

DST

06/29/2005

Electronic Signature of Signing Officer or Director

Date