


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

\$550.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT -4 AM 8:00

<b>DOCUMENT # F97000005856</b> 1. Entity Name <b>HEALTHCARE ACQUISITION, INC.</b>			
Principal Place of Business <b>2401 PGA BOULEVARD, SUITE #155 PALM BEACH GARDENS FL 33410</b>		Mailing Address <b>2401 PGA BOULEVARD, SUITE #155 PALM BEACH GARDENS FL 33410 US</b>	
2. Principal Place of Business  <b>2979 PGA Blvd. Palm Beach Gardens, FL 33410</b>		3. Mailing Address  <b>2979 PGA Blvd. Palm Beach Gardens, FL 33410</b>	
		4. FEI Number <b>65-0788751</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ADAMS, SANDRA L 2401 PGA BOULEVARD SUITE #155 TALLAHASSEE FL 32301-2525</b>		7. Name and Address of New Registered Agent Name _____ Street Address _____ <b>Sandra Adams 2979 PGA Blvd. Palm Beach Gardens, FL 33410</b> City _____ 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 <u><i>Sandra Adams</i></u> DATE <u>8/31/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE _____ NAME <b>CPD</b> <input type="checkbox"/> Delete STREET ADDRESS <b>FAGO, ELIZABETH M</b> CITY-ST-ZIP <b>2401 PGA BLVD., SUITE #155 PALM BEACH GARDENS FL 33410</b>	TITLE _____ NAME _____ STREET ADDRESS <b>2979 PGA BLVD.</b> CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME <b>S/V</b> <input type="checkbox"/> Delete STREET ADDRESS <b>WALCZAK, PAUL</b> CITY-ST-ZIP <b>2401 PGA BLVD., SUITE #155 PALM BEACH GARDENS FL 33410</b>	TITLE _____ NAME _____ STREET ADDRESS <b>2979 PGA BLVD</b> CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME <b>T</b> <input type="checkbox"/> Delete STREET ADDRESS <b>STEIER, JOSEPH</b> CITY-ST-ZIP <b>2401 PGA BLVD., STE., 146 PALM BEACH GARDENS FL 33410</b>	TITLE _____ NAME _____ STREET ADDRESS <b>2979 PGA BLVD.</b> CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Paul Walczak</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>8/31/04</u> Daytime Phone # _____	