

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000005856

1. Entity Name
HEALTHCARE ACQUISITION, INC.



Principal Place of Business
2979 PGA BLVD
PALM BEACH GARDENS, FL 33410

Mailing Address
2979 PGA BLVD
PALM BEACH GARDENS, FL 33410

FILED
06 APR 27 AM 10:50
TALLAHASSEE, FLORIDA



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0788751

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SANDRA
2979 PGA BLVD
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CPD
NAME FAGO, ELIZABETH M
STREET ADDRESS 2979 PGA BLVD
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE SN
NAME WALCZAK, PAUL
STREET ADDRESS 2979 PGA BLVD
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE T
NAME STEIER, JOSEPH
STREET ADDRESS 2979 PGA BLVD
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100074147991
05/08/06--01014--020 **1100.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

Paul Walczak 2/21/06 561-627-0664