


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98876</b>	
1. Entity Name <b>HARTLEY HEALTH CARE SERVICES, INC.</b>	

Principal Place of Business <b>6613 - 49TH STREET, NORTH PINELLAS PARK, FL 34665</b>	Mailing Address <b>6613 - 49TH STREET, NORTH PINELLAS PARK, FL 34665</b>
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**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2218964</b>	Applied For <input 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

**HARTLEY, DIANE KURTZ  
6613 - 49TH STREET, NORTH  
PINELLAS PARK, FL 34665**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>HARTLEY, DIANE K. 413 MONTE CRISTO BLVD. TIERRA VERDE, FL</b>
TITLE <b>STD</b>	<b>HARTLEY, STEPHEN G. 413 MONTE CRISTO BLVD. TIERRA VERDE, FL</b>
TITLE <b></b>	<b></b>
TITLE <b></b>	<b></b>
TITLE <b></b>	<b></b>
TITLE <b></b>	<b></b>

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IN THIS SPACE**

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:**  **4/23/04 727-527-2100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #