

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90009 019 \*\*\*150.00

**DOCUMENT # F99000006442 -**

1. Entity Name

HEARTCENTERONLINE, INC.



Principal Place of Business

1 S. OCEAN BLVD., STE 301  
SUITE #201  
BOCA RATON FL 33432

Mailing Address

1 S. OCEAN BLVD., STE 301  
SUITE #201  
BOCA RATON FL 33432

2. Principal Place of Business

1 S. Ocean Blvd.  
Suite, Apt. #, etc.  
Suite #201  
City & State  
BOCA RATON FL

3. Mailing Address

1 S. Ocean Blvd.  
Suite, Apt. #, etc.  
Suite #201  
City & State  
BOCA RATON FL



MOORE

CR2E034 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAMBY, JOSHUA  
1 S. OCEAN BLVD., STE 301  
SUITE #201  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name  
JOSH HAMBY  
Street Address (P.O. Box Number is Not Acceptable)  
1 S. Ocean Blvd.  
Suite #201  
City  
BOCA RATON FL Zip Code  
33432

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

Signature, typed or printed name of registered agent and title if applicable.

JOSH HAMBY, CEO

(NOTE: Registered Agent signature required when reinstating)

3/30/04

DATE

**FILE NOW!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TCD  
HAMBY, JOSH  
1 S. OCEAN BLVD. SUITE #201  
BOCA RATON FL 33432 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSH HAMBY, CEO 3/30/04 561-620-9790

Date

Daytime Phone #