

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G70657**

1. Entity Name

A CONSUMER'S HEALTH AGENCY OF FLORIDA, INC.



Principal Place of Business

1280 N CONGRESS AVE  
107  
WEST PALM BEACH FL 33409  
US

Mailing Address

1280 N CONGRESS AVE  
107  
WEST PALM BEACH FL 33409  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-2341144

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCALA SCALA, FRNK ORIENDO  
894 PATRICK DRIVE  
WEST PALM BEACH FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip 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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PST  
SCALA, FRANK ORIENDO JR  
894 PATRICK DR  
WEST PALM BEACH FL 33406 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
000000045445  
02/11/04-80062-008 158.75

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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:

*Frank Oriendo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-04

Date

561-688-9042

Daytime Phone #