

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J07991

FILED
Apr 28, 2006
Secretary of State

Entity Name: HEALTH STRATEGIES, INC.

Current Principal Place of Business:

175 SALEM COURT
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

175 SALEM COURT
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2663422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, W. EUGENE
2352 FOXBORO WAY
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROND, PHILIP C
Address: 1162 OLD FORT DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: V () Delete
Name: NELSON, W. EUGENE
Address: 2352 FOXBORO WAY
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. EUGENE NELSON

V

04/28/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date