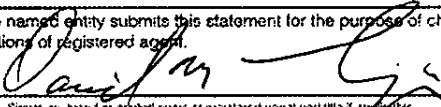


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-01-2004 90019 016 ***150.00

DOCUMENT # L76987 1. Entity Name HEALTH-SEARCH, INC.					
Principal Place of Business 226-5 SOLANO ROAD SUITE 157 PONTE VEDRA BEACH, FL 32082			Mailing Address 226-5 SOLANO ROAD SUITE 157 PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03222004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3012419				☐ 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		
HORVATH, JAMES A. 180 TURTLE COVE CT S. PONTE VEDRA BEACH, FL 32082			Name David M. Linger, CPA Street Address (P.O. Box Number is Not Acceptable) 302 Third Street Suite 5 City Neptune Beach FL Zip Code 32266		
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: 3/22/04 (NOTE: Registered Agent signature required when not at desk)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	D HORVATH, JAMES A. 180 TURTLE COVE CT. S PONTE VEDRA BCH, FL 32082	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D, P, S, T. HORVATH, JAMES A. 226-5 SOLANA ROAD SUITE 157 PONTE VEDRA BEACH, FL 32082	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST HORVATH, JAMES A 226-5 SOLANO RD #157 PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ 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: James A Horvath			James A Horvath 3/22/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		