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	Mailing Address
226-5 SOLANO ROAD SUITE 157 PONTE VEDRA BEACH, FL 32082	226-5 SOLANO ROAD SUITE 157 PONTE VEDRA BEACH, FL 32082

03222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

HORVATH, JAMES A.
180 TURTLE COVE CT
S. PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

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: [signature] 3/22/04
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

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
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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 [signature] 3/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #