

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008290

**FILED**  
**Jul 13, 2004**  
**Secretary of State****Entity Name:** HEALTHWISE SOLUTIONS, INC.**Current Principal Place of Business:**1200 SOUTH FEDERAL HIGHWAY  
SUITE 202  
BOYNTON BEACH, FL 33435**New Principal Place of Business:****Current Mailing Address:**1200 SOUTH FEDERAL HIGHWAY  
SUITE 202  
BOYNTON BEACH, FL 33435**New Mailing Address:****FEI Number:** 65-1061595**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PAPATHEODEROY, C A  
1200 S FEDERAL HIGHWAY, #202  
BOYNTON BEACH, FL 33435 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**OFFICERS AND DIRECTORS:****Title:** PTD ( ) Delete  
**Name:** PAPATHEODOROU, NOREEN H  
**Address:** 1200 SOUTH FEDERAL HIGHWAY  
**City-St-Zip:** BOYNTON BEACH, FL 33435**Title:** VD ( ) Delete  
**Name:** PAPATHEODORU, CHRISTOS  
**Address:** 1200 SOUTH FEDERAL HIGHWAY  
**City-St-Zip:** BOYNTON BEACH, FL 33435**Title:** SD ( ) Delete  
**Name:** PAPATHEODOROU, MARA  
**Address:** 1200 S FED HWY STE 202  
**City-St-Zip:** BOYNTON BEACH, FL 33435**Title:** D ( ) Delete  
**Name:** PAPATHEODOROU, C.A. DR  
**Address:** 1200 S FED HWY STE 202  
**City-St-Zip:** BOYNTON BEACH, FL 33435**Title:** D ( ) Delete  
**Name:** KEEFE, JOAN  
**Address:** 1200 S FED HWY STE 202  
**City-St-Zip:** BOYNTON BEACH, FL 33435**Title:** D ( ) Delete  
**Name:** MAHONEY, MARGE  
**Address:** 1200 S FED HWY STE 202  
**City-St-Zip:** BOYNTON BEACH, FL 33435**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOREEN PAPATHEODOROU

PTD

07/13/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date