2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000760

FILED Feb 20, 2004 Secretary of State

Entity Name: THE HEALTH AND HUMAN SERVICES PLANNING ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2600 QUANTUM BLVD. BOYNTON BEACH, FL 33426 **Current Mailing Address: New Mailing Address:** 2600 QUANTUM BLVD. BOYNTON BEACH, FL 33426 FEI Number: 01-0669778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHEEHAN, THOMAS A III MOYLE, FLANIGAN, KATZ, RAYMOND& SHEEHAN, P.A. 625 N. FLAGLER DR., 9TH FLOOR W. PALM BEACH, FL 33401 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SHEEHAN, THOMAS A III Name: Name: 625 N. FLAGLER DR., 9TH FLOOR Address: Address: City-St-Zip: W.PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BADESCH, SCOTT Name: Address: 2600 QUANTUM BLVD. Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: () Delete Title: () Change () Addition GRANT, LOUISE Name: Name: 700 S. DIXIE HWY, SUITE 203 Address: Address: City-St-Zip: W. PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: CORBETT, JEANETTE 505 S. FLAGLER DRIVE, SUITE 1460 Address: Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33401 Title: () Delete Title: () Change (X) Addition CREAMER, JEAN Name: Name: P.O. BOX 1989 Address: Address: WEST PALM BEACH, FL 33402 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition CHENETTE, DWIGHT Name: Name: Address: Address: 324 DATURA STREET, #401 WEST PALM BEACH, FL 33401 City-St-Zip: 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: SCOTT BADESCH D 02/20/2004

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