

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000760

FILED  
Jan 13, 2005  
Secretary of State

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

**Current Principal Place of Business:**

2600 QUANTUM BLVD.  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

2600 QUANTUM BLVD.  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 01-0669778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current 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

**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: D ( ) Delete  
Name: SHEEHAN, THOMAS A III  
Address: 625 N. FLAGLER DR., 9TH FLOOR  
City-St-Zip: W.PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: BADESCH, SCOTT  
Address: 2600 QUANTUM BLVD.  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D ( ) Delete  
Name: GRANT, LOUISE  
Address: 700 S. DIXIE HWY, SUITE 203  
City-St-Zip: W. PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: CORBETT, JEANETTE  
Address: 505 S. FLAGLER DRIVE, SUITE 1460  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: CREAMER, JEAN  
Address: P.O. BOX 1989  
City-St-Zip: WEST PALM BEACH, FL 33402

Title: D ( ) Delete  
Name: CHENETTE, DWIGHT  
Address: 324 DATURA STREET, #401  
City-St-Zip: WEST PALM BEACH, FL 33401

**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: SCOTT B. BADESCH

MR.

01/13/2005

Electronic Signature of Signing Officer or Director

Date