

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000283

FILED
Apr 30, 2009
Secretary of State

Entity Name: HEALTHWISE DIRECTIONS, INC.

Current Principal Place of Business:

1200 S. FEDERAL HWY, SUITE 202
BOYNTON BCH, FL 33435

New Principal Place of Business:

Current Mailing Address:

1200 S. FEDERAL HWY, SUITE 202
BOYNTON BCH, FL 33435

New Mailing Address:

FEI Number: 61-1548274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAPATHEODOROU, N.H.
1200 S. FEDERAL HWY
STE # 202
BOYNTON BEACH, FL 33145 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: PSD () Delete
Name: PAPATHEODOROU, NOREEN
Address: 1200 S. FEDERAL HWY, SUITE 202
City-St-Zip: BOYNTON BCH, FL 33435

Title: D () Delete
Name: KEEFE, JOAN
Address: 1200 S. FEDERAL HWY, SUITE 202
City-St-Zip: BOYNTON BCH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, 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

PSD

04/30/2009

Electronic Signature of Signing Officer or Director

Date