2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N07000008298

Entity Name: THE HEART SCIENCE AND WELLNESS FOUNDATION, INC.

Current Principal Place of Business:

483 N. SEMORAN BLVD., SUITE 204
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

483 N. SEMORAN BLVD., SUITE 204
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHESTER J. TROW, P.A.
21 N. MAGNOLIA AVE., 2ND FLOOR
OCALA, FL 34475 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: HANDSHUH, ANA
Address: 483 N. SEMORAN BLVD., SUITE 204
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: MINER, ROBERT C
Address: 483 N. SEMORAN BLVD., SUITE 204
City-St-Zip: WINTER PARK, FL 32792

Title: D (X) Delete
Name: CRAIN, PAULETTE
Address: 483 N. SEMORAN BLVD., SUSITE 204
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: HEALTH CARE SERVICES OF FLORIDA, LLC
Address: 483 N. SEMORAN BLVD., SUITE 205
City-St-Zip: WINTER PARK, FL 32792

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: DARRELL BENGE CFO 04/30/2009

Electronic Signature of Signing Officer or Director — Date