

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005376

FILED
Jan 12, 2004
Secretary of State**Entity Name:** HEARTBEAT INTERNATIONAL WORLDWIDE, INC.**Current Principal Place of Business:**6800 NORTH DALE MABRY
#186
TAMPA, FL 33614 US**New Principal Place of Business:****Current Mailing Address:**6800 NORTH DALE MABRY
#186
TAMPA, FL 33614 US**New Mailing Address:****FEI Number:** 59-3236060 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MICK, WIL
6800 NORTH DALE MABRY
SUITE 186
TAMPA, FL 33614**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:** C () Delete
Name: MCINTOSH, HENRY D
Address: 6800 N. DALE MABRY #186
City-St-Zip: TAMPA, FL 33614**Title:** TD () Delete
Name: POWER, KEITH RN
Address: 205 HIBISCUS DRIVE
City-St-Zip: LAKELAND, FL 33805**Title:** D () Delete
Name: PETER ALAGONA, JR., MD.
Address: ONE WEST SAMPLE RD PLAZA #106
City-St-Zip: POMPANO BEACH, FL 33064**Title:** P () Delete
Name: MANISCALCO, BENEDICT S MD
Address: 4730 N. HABANA AVE
City-St-Zip: TAMPA, FL 33614**Title:** D (X) Delete
Name: GONZALEZ, JORGE L MD
Address: 1600 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL**Title:** ED (X) Delete
Name: MICK, WIL
Address: 6800 N. DALE MABRY #186
City-St-Zip: TAMPA, FL 33614**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: MCINTOSH, HENRY D
Address: 6800 N. DALE MABRY #186
City-St-Zip: TAMPA, FL 33614**Title:** C (X) Change () Addition
Name: MANISCALCO, BENEDICT S MD
Address: 4730 N. HABANA AVNUE, SUITE 201
City-St-Zip: TAMPA, FL 33614**Title:** T (X) Change () Addition
Name: LORTON, GEORGE H
Address: 1616 PENNY STREET
City-St-Zip: TAMPA, FL 33605**Title:** P (X) Change () Addition
Name: MICK, WIL
Address: 6800 N. DALE MABRY, #186
City-St-Zip: TAMPA, FL 33614**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: WIL MICK

P

01/12/2004

Electronic Signature of Signing Officer or Director

Date