2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90012 022 ****61.25

DOCUMENT # N97000004350

1. Entity Name
HEP-C ALERT, INC.

Principal Place of Business
660 NE 125 STREET
NORTH MIAMI, FL 33161 US

Mailing Address
7777 GLADES RD
209
BOCA RATON, FL 33434 US

54016363

02042004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0770856
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAHONEY, ROBERT F. CPA
7777 GLADES RD
BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS, ANDREA LEE
STREET ADDRESS	1541 SW 55 AVE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	TD
NAME	MAHONEY, ROBERT F
STREET ADDRESS	3801 N FEDERAL HWY
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	VPD
NAME	QUINN, NORMAN
STREET ADDRESS	12290 NW 20T CT
CITY-ST-ZIP	PLANTATION, FL 33323
TITLE	DS
NAME	~~MCMURRAY, CONNIE R.N.~~
STREET ADDRESS	~~4840 SW 92ND AVE~~
CITY-ST-ZIP	~~MIAMI, FL 33165~~
TITLE	SD
NAME	MATHERS, KATHLEEN
STREET ADDRESS	660 NE 125 STREET
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	D / D
NAME	LOUIS COONS / MICHAEL BROWN
STREET ADDRESS	660 NE 125 STREET / 660 NE 125 STREET
CITY-ST-ZIP	N. MIAMI, FL 33161 / N. MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ 3/3/04 305 893 7992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #