

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000002180

Entity Name: HEALTHCARE COUNSELORS, INC.

FILED
Jan 05, 2004
Secretary of State

Current Principal Place of Business:

4000 N FEDERAL HWY
SUITE 207
BOCA RATON, FL 33431

Current Mailing Address:

4000 N FEDERAL HWY
SUITE 207
BOCA RATON, FL 33431

New Principal Place of Business:

75 NW 1ST AVE
SUITE 201
DELRAY BEACH, FL 33444

New Mailing Address:

75 NW 1ST AVE
SUITE 201
DELRAY BEACH, FL 33444

FEI Number: 65-0971649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, DARYL P
4000 N FEDERAL HWY
SUITE 207
BOCA RATON, FL 33431

Name and Address of New Registered Agent:

JOHNSON, DARYL P
75 NW 1ST AVE
SUITE 201
DELRAY BEACH, FL 33444

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: DARYL P JOHNSON

01/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, DARYL P
Address: 4000 N FEDERAL HWY SUITE 207
City-St-Zip: BOCA RATON, FL 33431

Title: SVPD () Delete
Name: MELLO, TODD J
Address: 4000 N FEDERAL HWY SUITE 207
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHNSON, DARYL P
Address: 75 NW 1ST AVE STE 201
City-St-Zip: DELRAY BEACH, FL 33444

Title: SVPD (X) Change () Addition
Name: MELLO, TODD J
Address: 75 NW 1ST AVE STE 201
City-St-Zip: DELRAY BEACH, FL 33444

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARYL P JOHNSON

DP

01/05/2004

Electronic Signature of Signing Officer or Director

Date