

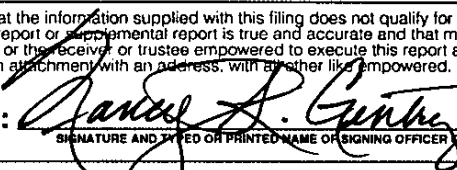


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90038 012 \*\*\*150.00

<b>DOCUMENT # P00000012316</b> 1. Entity Name <b>HEALTHSMART, INC.</b>					
Principal Place of Business <b>1831 ROYAL FERN LANE</b> <b>ORANGE PARK, FL 32003</b>				Mailing Address <b>1831 ROYAL FERN LANE</b> <b>ORANGE PARK, FL 32003</b>	
2. Principal Place of Business <b>4343 Colonial Avenue</b> Suite, Apt. #, etc. <b>Suite E</b> City & State <b>Jacksonville, FL</b> Zip <b>32210</b> Country <b>USA</b>		3. Mailing Address <b>4343 Colonial Avenue</b> Suite, Apt. #, etc. <b>Suite E</b> City & State <b>Jacksonville, FL</b> Zip <b>32210</b> Country <b>USA</b>			
4. FEI Number <b>59-3665761</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GILLEY, RHONDA G</b> <b>1831 ROYAL FERN LANE</b> <b>ORANGE PARK, FL 32003</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>GENTRY, NANCY R</b> <b>10946 FALKLAND RD</b> <b>JACKSONVILLE, FL 32221</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>GENTRY, NANCY R.</b> <b>10946 FALKLAND ROAD</b> <b>JACKSONVILLE, FL 32221</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GILLEY, RHONDA G</b> <b>1831 ROYAL FERN LANE</b> <b>ORANGE PARK, FL 32003</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>GILLEY, RHONDA G.</b> <b>1831 ROYAL FERN LANE</b> <b>ORANGE PARK, FL 32003</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE:  <div style="float: right; text-align: right;"> <b>7/7/2005</b>  <b>(904) 476-8955</b> </div>					