

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90042 008 ***150.00

DOCUMENT # P00000016849

1. Entity Name
HEALTHFLEX TECHNOLOGIES, INC.



Principal Place of Business
20334 N.W. 2ND. AVE.
MIAMI, FL 33169

Mailing Address
20334 N.W. 2ND. AVE.
MIAMI, FL 33169



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0990913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:

~~KAPLAN, EARL M~~
~~5582 N.W. 79TH AVE.~~
~~MIAMI, FL 33166~~

Mandell, Alan H
20334 N.W. 2nd Ave.
Miami, FL 33169

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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 Alan Mandell (NOTE: Registered Agent signature required when reinstating)

DATE 1/13/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	MANDELL, ALAN H
STREET ADDRESS	20334 N.W. 2ND. AVE.
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	PSD
NAME	KAPLAN, EARL M
STREET ADDRESS	5582 N.W. 79TH AVE.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 607, 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: Alan Mandell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 305 654 9800