


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91215 035 \*\*\*150.00

<b>DOCUMENT # P00000030619</b>	
1. Entity Name <b>HEALTHGROOVE, INC.</b>	

Principal Place of Business <b>333 NORTHWEST 70TH AVENUE SUITE 103 PLANTATION, FL 33317</b>	Mailing Address <b>333 NORTHWEST 70TH AVENUE SUITE 103 PLANTATION, FL 33317</b>
--	--

**24066466**

2. Principal Place of Business <b>8551 W Sunrise Boulevard</b>	3. Mailing Address <b>8551 W Sunrise Boulevard</b>
Suite, Apt. #, etc. <b>Suite 303</b>	Suite, Apt. #, etc. <b>Suite 303</b>
City & State <b>Plantation, Florida</b>	City & State <b>Plantation, Florida</b>
Zip <b>33322</b>	Zip <b>33322</b>
Country	Country




04032004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1017594</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>DIGREGORIO, JOAN M 333 NORTHWEST 70TH AVENUE SUITE 103 PLANTATION, FL 33317</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8551 W Sunrise Boulevard Suite 303</b> City <b>Plantation</b> FL Zip Code <b>33322</b>
---	---

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) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST DIGREGORIO, JOAN M 333 NW 70TH AVENUE, SUITE 103 PLANTATION, FL 33317</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8551 W Sunrise Boulevard Suite 303 Plantation, Florida 33322</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
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 all other like empowered.

**SIGNATURE:**  **Joan M. DiGregorio**  **4/9/04** **954-693-3615**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #