

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000087082

Entity Name: HEALTH ODYSSEY, INC.

FILED
Mar 14, 2005
Secretary of State

Current Principal Place of Business:

4755 NORTHWEST 76TH STREET
COCONUT CREEK, FL 33073

New Principal Place of Business:

224 S.MILITARY TRAIL
DEERFIELD BEACH, FL 33442

Current Mailing Address:

6574 N SR 7
140
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 65-1039214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEITELBAUM, EVAN
4755 NW 76 ST
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: COHEN, ELIZABETH E
Address: 4755 NORTHWEST 76TH STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: V () Delete
Name: TEITELBAUM, EVAN B
Address: 4755 NORTHWEST 76TH STREET
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EVAN TEITELBAUM

V

03/14/2005

Electronic Signature of Signing Officer or Director

Date