2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# P00000097432

Entity Name: HEALTH WELLNESS MEDICAL REVIEW SERVICES, INC.

Current Principal Place of Business:

12608 NORTHWEST 11TH COURT
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

12717 W JANRISE BLVD
419
FORT LAUDERDALE, FL 33323

New Mailing Address:

12608 NW 11TH COURT
SUNRISE, FL 33323

FEI Number: 65-1052362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROPIS, ROMALD M
12608 NW 11TH CT
FORT LAUDERDALE, FL 33323 US

Name and Address of New Registered Agent:

PRUPIS, ROMALD M
12608 NW 11TH CT
FORT LAUDERDALE, FL 33323 US

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: RONALD PRUPIS 04/23/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PRUPIS, RONALD
Address: 12608 NORTHWEST 11TH COURT
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RONALD PRUPIS MR 04/23/2004
Electronic Signature of Signing Officer or Director Date