

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

03-05-2004 90019 014 ***550.00
FILED P01000065222

DOCUMENT # P01000065222	
1. Entity Name HEALTH SCIENCE SOLUTIONS, INC.	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 23 ROYAL PALM WAY Suite, Apt. #, etc. # 5	
3. Mailing Address 23 ROYAL PALM WAY Suite, Apt. #, etc. # 5	
City & State BOCA RATON FL	
Zip 33432	Country 33432

4. FEI Number 65-1127543	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		
Name SUSAN TRIMBO Street Address (P.O. Box Number is Not Acceptable) 23 ROYAL PALM WAY # 5		
City BOCA RATON	FL	Zip Code 33432

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN SUSAN TRIMBO 23 ROYAL PALM WAY # 5 BOCA RATON FL 33432	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Susan Trimbo</i>	SUSAN TRIMBO	Feb 28, 2004 561 866 1624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone #