

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

94025087

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 23 ROYAL PALM WAY Suite, Apt. #, etc. # 5 City & State BOCA RATON FL Zip 33432	3. Mailing Address 23 ROYAL PALM WAY Suite, Apt. #, etc. # 5 City & State BOCA RATON FL Zip 33432
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4. FEI Number 65-1127543	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. 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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE CHAIRMAN	NAME SUSAN TRIMBO	TITLE	NAME
STREET ADDRESS 23 ROYAL PALM WAY # 5	CITY - ST - ZIP BOCA RATON FL 33432	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
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STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

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

CR2E034B (12/02)