

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042782

Entity Name: HEALTH MEDICAL INC.

FILED  
Apr 14, 2005  
Secretary of State

## Current Principal Place of Business:

3600 SOUTH ST RD  
343  
MIRAMAR, FL 33023

## New Principal Place of Business:

## Current Mailing Address:

3600 SOUTH ST RD  
343  
MIRAMAR, FL 33023

## New Mailing Address:

FEI Number: 01-0670573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERNANDEZ, ALAIN  
1111 BRICKELL BAY DR  
2611  
MIAMI, FL 33019 US

## Name and Address of New Registered Agent:

HERNANDEZ, ALAIN  
3531 E. GLENCOE ST.  
MIAMI, FL 33133 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:

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HERNANDEZ, ALAIN  
Address: 1111 BRICKELL BAY DR #2611  
City-St-Zip: MIAMI, FL 33019

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HERNANDEZ, ALAIN  
Address: 3531 E. GLENCOE ST.  
City-St-Zip: MIAMI, FL 33133

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: ALAIN HERNANDEZ

PRES

04/14/2005

Electronic Signature of Signing Officer or Director

Date