2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000079038

City-St-Zip:

Entity Name: HEALTHCARE DEPOT, INC.

FILED Apr 11, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3821 AVALON PARK EAST BLVD #404 ORLANDO, FL 32828 **New Mailing Address: Current Mailing Address:** 3821 AVALON PARK EAST BLVD #404 ORLANDO, FL 32828 FEI Number: 16-1648767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLANCHET, DANY BLANCHET, DANY 339 VIA TUŚCANY LOOP 3821 AVALÓN PARK EAST BLVD LAKE MARY, FL 32746 #404 US ORLANDO, FL 32828 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: 04/11/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change (X) Addition BLANCHET, DANY Name: Name: 3821 AVALON PARK EAST BLVD #404 Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32828 Title: () Delete Title: MRS () Change (X) Addition DWYER, SUSANNAH L Name: Name: Address: Address: 786 LAKE COMO

LAKE MARY, FL 32746

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: DANY BLANCHET PRES 04/11/2003