

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079949

FILED
Jan 05, 2004
Secretary of State

Entity Name: HEALTHCARE SOLUTIONS ONLINE, INC.

Current Principal Place of Business:

800 PALM TRAIL
SUITE 5
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

800 PALM TRAIL
SUITE 5
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 36-4511745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, RICHARD
800 PALM TRAIL
SUITE 5
DELRAY BEACH, FL 33483

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIMON, RICHARD
Address: 800 PALM TRAIL #5
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: SIMON, RICHARD
Address: 800 PALM TRAIL #5
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP () Change (X) Addition
Name: AGTMAAL, JERRY
Address: 800 PALM TRAIL STE 5
City-St-Zip: DELRAY BEACH, FL 33483

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: RICHARD SIMON

CEO

01/05/2004

Electronic Signature of Signing Officer or Director

_____ Date