2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2008
Secretary of State

DOCUMENT# P02000135235

Entity Name: HEALTH FORCE, INC.

Current Principal Place of Business:

123 N.W. 13TH STREET
SUITE 30402
BOCA RATON, FL 33432

New Principal Place of Business:

123 N.W. 13TH STREET
BOCA RATON, FL 33432

Current Mailing Address:

123 N.W. 13TH STREET
SUITE 30402
BOCA RATON, FL 33432

New Mailing Address:

123 N.W. 13TH STREET
BOCA RATON, FL 33432

FEI Number: 52-2386763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROWE, CYMONIE
123 N.W. 13TH STREET
SUITE 30402
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

VOCE, CLYDE
123 N.W. 13TH STREET
BOCA RATON, FL 33432 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: CLYDE VOCE 04/05/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROWE, THELKA
Address: 123 N.W. 13TH STREET, #30402
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THELKA ROWE P 04/05/2008
Electronic Signature of Signing Officer or Director Date