


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90106 027 ***150.00

DOCUMENT # P03000011090	
1. Entity Name ASSISTENZA HEALTH, INC	

Principal Place of Business 7370 NW 36 STREET, SUITE 222 MIAMI, FL 33166	Mailing Address 18090 COLLINS AVE 17 PMB 161 NORTH MIAMI BEACH, FL 33160
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50003274

2. Principal Place of Business 18090 COLLINS AVE Suite, Apt. #, etc. T-17 PMB 161	3. Mailing Address Suite, Apt. #, etc.
City & State NORTH MIAMI BEACH FL	City & State
Zip 33160	Country MIAMI-DADE



01122005 Chg-P CR2E034 (10/03)

4. FEI Number 04-3737691	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORNACELLI, SHIRLEY E 9040 COLLINS AVE. APT. 9 MIAMI, FL 33154	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BORNACELLI, SHIRLEY 9040 COLLINS AVE. APT. 9 MIAMI, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shirley Bornacelli 1-13-05 305 867 9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #