

APR. 23. 2004 4:46PM

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Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90276 029 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000022117

1. Entity Name
HEALTH SOLUTIONS OF SOUTHWEST FLORIDA, INC.



94076822

Principal Place of Business
**1890 SOUTHWEST HEALTH PARKWAY
NAPLES, FL 34109**

Mailing Address
**1390 SOUTHWEST HEALTH PARKWAY
NAPLES, FL 34109**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
104 Mahogany Drive
Suite, Apt. #, etc.

04232004 Cong-? CR2E001 (1/0/03)

City & State
Naples, Florida

4. FEI Number
27-0047602

Applied For
 Not Applicable

Zip Country
34108 USA

5. Certificate of Status Desired **\$3.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NOVATT, JEFF M
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102**

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 _____ DATE _____
Signature: typed or printed name of registered agent and state if applicable (NOTE: Registered Agent's signature required when registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$51.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	REED, THOMAS W
STREET ADDRESS	1890 SOUTHWEST HEALTH PARKWAY
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/CEO/P/S/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 the same appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Thomas W Reed