

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040760

FILED  
Mar 11, 2008  
Secretary of State

Entity Name: HEALTH SOURCE PLUS INC.

## Current Principal Place of Business:

10 RIDGE BLVD  
OCEAN RIDGE, FL 334356225

## New Principal Place of Business:

1131 SE 4TH ST  
106  
BOYNTON BEACH, FL 33435

## Current Mailing Address:

10 RIDGE BLVD  
OCEAN RIDGE, FL 334356225

## New Mailing Address:

1131 SE 4TH ST  
106  
BOYNTON BEACH, FL 33435

FEI Number: 20-0040067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BELLO, GARY  
10 RIDGE BLVD  
OCEAN RIDGE, FL 334356225 US

## Name and Address of New Registered Agent:

BELLO, GARY  
1131 SE 4TH ST  
APT. 106  
BOYNTON BEACH, FL 33435 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: \_\_\_\_\_

03/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: BELLO, GARY  
Address: 10 RIDGE BLVD  
City-St-Zip: OCEAN RIDGE, FL 334356225

Title: D ( ) Delete  
Name: BELLO, GARY  
Address: 10 RIDGE BLVD  
City-St-Zip: OCEAN RIDGE, FL 334356225

Title: STD ( ) Delete  
Name: BELLO, DONNA  
Address: 10 RIDGE BLVD  
City-St-Zip: OCEAN RIDGE, FL 334356225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: BELLO, GARY  
Address: 1131 SE 4TH ST  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D (X) Change ( ) Addition  
Name: BELLO, GARY  
Address: 1131 SE 4TH ST  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: STD (X) Change ( ) Addition  
Name: BELLO, DONNA  
Address: 1131 SE 4TH ST  
City-St-Zip: BOYNTON BEACH, FL 33435

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: GARY BELLO

PCEO

03/11/2008

Electronic Signature of Signing Officer or Director

Date