

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055818

FILED
Jul 02, 2004
Secretary of State

Entity Name: HEALTHY LIFE MEDICAL CENTER INC.

Current Principal Place of Business:

2201 SOUTH OCEAN DRIVE
SUITE 2705
HOLLYWOOD, FL 33019

New Principal Place of Business:

1008 WEST HOLLANDALE BEACH BLVD
HOLLANDALE, FL 33009

Current Mailing Address:

2201 SOUTH OCEAN DRIVE
SUITE 2705
HOLLYWOOD, FL 33019

New Mailing Address:

1008 WEST HOLLANDALE BEACH BLVD
HOLLANDALE, FL 33009

FEI Number: 47-0919859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIGMOND, BORIS
2201 SOUTH OCEAN DRIVE
SUITE 2705
HOLLYWOOD, FL 33019 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: ZIGMOND, BORIS PRESIDE
Address: 2201 SOUTH OCEAN DRIVE APT.2705
City-St-Zip: HOLLYWOOD, FL 33019

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: BORIS ZIGMOND

PRES

07/02/2004

Electronic Signature of Signing Officer or Director

Date