


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90007 004 ***150.00

DOCUMENT # P03000056883			
1. Entity Name HEALTHCARE MANAGEMENT EXPERTS, INC.			
Principal Place of Business 17611 TIFFANY TRACE DR. BOCA RATON FL 33487		Mailing Address 17611 TIFFANY TRACE DR. BOCA RATON FL 33487	
2. Principal Place of Business - No P.O. Box # 190 NW Spanish River Blvd Suite, Apt. #, etc. Suite 102 City & State Boca Raton FL Zip 33431 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State City Country	
4. FEI Number 73-1669833		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAHN, DI M 17611 TIFFANY TRACE DR. BOCA RATON FL 33487		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)			
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State		S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, DI M 17611 TIFFANY TRACE BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, RICHARD E 13360 DOUBLETREE CIRCLE WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained 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 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:

Di M. Kahn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/07
Date

561-392-8878
Daytime Phone #