2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092076

Entity Name: HEALTH LEARNING CENTERS, INC.

FILED Aug 31, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	/ 11 TERRACE PRING, FL 33				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	/ 11 TERRACE PRING, FL 33				
FEI Number	: 20-0173959	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	DWARD / 11 TERRACE PRING, FL 33				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (FIORE, EDWA 11110 NW 11 CORAL SPRIN	TERRACE	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: EDWARD FIORE PRES 08/31/2005