2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096835

Entity Name: HEALTH SERVICES ON CALL, INC.

FILED May 03, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

130 JFK DR., STE. 203 ATLANTIS, FL 33462

Current Mailing Address: New Mailing Address:

130 JFK DR., STE. 203 ATLANTIS, FL 33462

FEI Number: 20-0246536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAFT, PHYLLIS L

377 SE SOUTHWOOD TRAIL

STUART, FL 34997 US

CLIFT, DALE R

130 JFK DRIVE, SUITE 203

ATLANTIS, FL 33462 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: DALE R. CLIFT 05/03/2004

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Delete Title: PRES (X) Change () Addition

Name: TAFT, PHYLLIS Name: CLIFT, DALE R

 Address:
 377 SE. SOUTHWOOD TRAIL
 Address:
 130 JFK DRIVE, SUITE 203

 City-St-Zip:
 STUART, FL 34997
 City-St-Zip:
 ATLANTIS, FL 33462

Title: PC () Delete Title: CFO (X) Change () Addition

Name: TAFT, PHYLLIS Name: SWEENEY, LIA

 Address:
 377 SE. SOUTHWOOD TRAIL
 Address:
 130 JFK DRIVE, SUITE 203

 City-St-Zip:
 STUART, FL 34997
 City-St-Zip:
 ATLANTIS, FL 33462

Title: ST (X) Delete Title: () Change () Addition

 Name:
 AZZOLE, PETER J
 Name:

 Address:
 7115 NW 3RD AVE.
 Address:

 City-St-Zip:
 BOCA RATON, FL 33487
 City-St-Zip:

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: LIA SWEENEY CFO 05/03/2004