

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000073960

FILED  
May 01, 2005  
Secretary of State

**Entity Name:** CONTEMPORARY HEALTH INNOVATIONS, INC.

**Current Principal Place of Business:**

600 SCHUMANN DR.  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

600 SCHUMANN DR.  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 20-1248719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOLYK, PETER R M.D.  
680 JORDAN AVE.  
SEBASTIAN, FL 32958 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: D ( ) Delete  
Name: HOLYK, PETER R M.D.  
Address: 680 JORDAN AVE.  
City-St-Zip: SEBASTIAN, FL 32958

Title: D ( ) Delete  
Name: HOLYK, PAMELA  
Address: 680 JORDAN AVE.  
City-St-Zip: SEBASTIAN, FL 32958

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HOLYK, PAMELA J  
Address: 680 JORDAN AVE.  
City-St-Zip: SEBASTIAN, FL 32958

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:** PETER R. HOLYK, MD

D

05/01/2005

Electronic Signature of Signing Officer or Director

Date