2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P04000110430

Entity Name: HEALTH MEDICAL THERAPY INC.

Current Principal Place of Business:

4659 WEST FLAGLER STREET
MIAMI, FL 33134

New Principal Place of Business:

4659 WEST FLAGLER STREET
MIAMI, FL 33134 US

Current Mailing Address:

4659 WEST FLAGLER STREET
MIAMI, FL 33134

New Mailing Address:

4659 WEST FLAGLER STREET
MIAMI, FL 33134 US

FEI Number: 02-0727751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

URGELLES, ALINA
1405 NW 7TH STREET APT 115
MIAMI, FL 33142 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LENIHAN, JOHN KENNETH
Address: 4659 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
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: JOHN KENNETH LENIHAN D 04/29/2005

Electronic Signature of Signing Officer or Director Date