

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119312

FILED
Jul 14, 2005
Secretary of State

Entity Name: HEALTHCARE EDUCATION AND MARKETING ASSOCIATION , INC.

Current Principal Place of Business:

800 TWENTIETH PLACE
SUITE ONE
VERO BEACH, FL 32960

New Principal Place of Business:

290 OLD DIXIE HIGHWAY
VERO BEACH, FL 32962

Current Mailing Address:

800 TWENTIETH PLACE
SUITE ONE
VERO BEACH, FL 32960

New Mailing Address:

290 OLD DIXIE HIGHWAY
VERO BEACH, FL 32962

FEI Number: 76-0764889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOMMERFELD, DAVID E
800 TWENTIETH PLACE
SUITE ONE
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

SOMMERFELD, DAVID E
290 OLD DIXIE HIGHWAY
VERO BEACH, FL 32962 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:

07/14/2005

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: DIR () Delete
Name: SOMMERFELD, DAVID E
Address: 800 TWENTIETH PLACE, SUITE ONE
City-St-Zip: VERO BEACH, FL 32960 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: SOMMERFELD, DAVID E
Address: 290 OLD DIXIE HIGHWAY
City-St-Zip: VERO BEACH, FL 32962 US

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: DAVID SOMMERFELD

DIR

07/14/2005

Electronic Signature of Signing Officer or Director

Date