### **FILED** Jun 17, $\overline{2005}$ 8:00 am **Secretary of State** 06-17-2005 90002 012 \*\*\*150.00

2005	FOR PROFIT CORPORATION	N
	ANNUAL REPORT	

**DOCUMENT # P04000142039** HEALTH SPECIALISTS, INC. Principal Place of Business Mailing Address 1411 JOHN MOORE RD 1411 JOHN MOORE RD BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business Suite, Apt. #, etc. 06152005 Chg-P CR2E034 (10/03) Applied For City & State Not Applicable 101 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered 7. Name and Address of New Registered Agent Name ARENA, KEN Street Address (P.O. Box Number is Not Acceptable) 1318 E LUMSDEN RD BRANDON, FL 33511 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTF: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PD O SEKUJAWSKI, GAILL ☐ Delete ☐ Change Addition TITLE NAME NAME 122 W FORT DADE AVE STREET ADDRESS STREET ADDRESS BROOKSVILLE, FL 34601 CITY-ST-ZIP CITY-S1-ZIP ☐ Change VSTD Addition TITLE Delete TITLE VIERRA, WALTER NAME NAME 103 HIDDEN LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 cytrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. 813 6511662 SIGNATURE: FICER OR DIRECTOR

## ATTACHMENT H P64 600 142039

40088489

# HEALTH SPECIALISTS, INC.

1411 John Moore Road BRANDON, FLORIDA 33511 (813) 651 1662 (813) 643-8979 Fax

HLTHSPCLSTS@YAHOO.COM

Owned and Operated by Nurses

#### To Whom It May Concern:

I Walter Vierra VP of Health Specialists, INC. do hereby state that at no time did Health Specialists receive notice of fee for annual report do by May 1 2005. The address above has been vacant Pryor to October 2004, but receiving mail. On two occasions, the mail box at 1411 John Moore Road has been knocked down due to its proximity to the street and or vandalism. We know of the annual report fee only because of hiring of an accountant. As of March 2005 Health Specialists, INC has entered into business. All future mail should be sent to:

P.O. Box 6452, Brandon, Florida 33508-6007

I hereby request that the late fee of \$400.00 be waived and the acceptance of \$150.00 for Annual Report be approved.

Thank You.

Walter Vierra RN VP Health Specialists, INC.