

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161313

FILED  
Jul 18, 2005  
Secretary of State

Entity Name: HEALTHLINE BALANCE CENTER, INC.

**Current Principal Place of Business:**

100 NW 82 AVE  
205  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

100 NW 82 AVE  
205  
PLANTATION, FL 33324

**New Mailing Address:**

FEI Number: 42-1652425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SORSHER, ALEX  
2500-1 N STATE ROAD 7  
HOLLYWOOD, FL 33021 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: P ( ) Delete  
Name: BOGOMOLNY, FELIX  
Address: 100 NW 82 AVE #205  
City-St-Zip: PLANTATION, FL 33324

Title: T ( ) Delete  
Name: SIGAL, EMILIYA  
Address: 100 NW 82 AVE #205  
City-St-Zip: PLANTATION, FL 33321

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

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

Title: T (X) Change ( ) Addition  
Name: SIGAL, EMILIYA  
Address: 100 NW 82 AVE #205  
City-St-Zip: PLANTATION, FL 33324

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: BOGOMOLNY, FELIX

PRES

07/18/2005

Electronic Signature of Signing Officer or Director

Date