


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 23 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # P04000170355 1. Entity Name HEALTHPLEX, CORP. | | | |  | |
| Principal Place of Business 7040 W. PALMETTO PARK ROAD # 4-303 BOCA RATON, FL 33433 US | | | | Mailing Address 7040 W. PALMETTO PARK ROAD # 4-303 BOCA RATON, FL 33433 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| WEPSIN, TODD B 3200 N MILITARY TRAIL # 600 BOCA RATON, FL 33431 | | | | Name: Todd B. Weprin Street Address (P.O. Box Number is Not Applicable): BARBIERI & WEPRIN, PLC 7000 West Palmetto Road, Suite 300 City: Boca Raton, Florida 33433 FL 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 4/17/07 | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P WEINSTEIN, ERIC 7040 W. PALMETTO PARK ROAD, # 4-303 BOCA RATON, FL 33433 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or trustee 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. | | | | | |
| SIGNATURE: ERIC WEINSTEIN 4/17/07 8614875200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |



04172007 Chg-P CR2E034 (12/06)

4. FEI Number **04-3804696** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**BARBIERI & WEPRIN, PLC
7000 West Palmetto Road, Suite 300**

**600101233336
05/02/07--01051--014 **750.00**