

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000069697

Entity Name: HEALTH-TECH, INC

FILED  
Apr 13, 2009  
Secretary of State

## Current Principal Place of Business:

3622 QUQNTUM BLVD  
BOYNTON BEACH, FL 33424

## New Principal Place of Business:

3622 QUANTUM BLVD  
BOYNTON BEACH, FL 33426

## Current Mailing Address:

PO BOX 243759  
BOYNTON BEACH, FL 33424

## New Mailing Address:

FEI Number: 22-2116767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HIRSCHMAN, JEFFREY K  
3622 QUQNTUM BLVD  
=  
BOYNTON BEACH, FL 33424 US

## Name and Address of New Registered Agent:

HIRSCHMAN, JEFFREY K  
3622 QUANTUM BLVD  
=  
BOYNTON BEACH, FL 33426 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:

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HIRSCHMAN, JEFFREY K  
Address: 3622 QUQNTUM BLVD  
City-St-Zip: BOYNTON BEACH, FL 33424

Title: VP ( ) Delete  
Name: HIRSCHMAN, DAVID L  
Address: 3622 QUANTUM BLVD  
City-St-Zip: BOYNTON BEACH, FL 33424

Title: TREA ( ) Delete  
Name: HIRSCHMAN, JOYCE  
Address: 3622 QUANTUM BLVD  
City-St-Zip: BOYNTON BEACH, FL 33424

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HIRSCHMAN, JEFFREY K  
Address: 3622 QUANTUM BLVD  
City-St-Zip: BOYNTON BEACH, FL 33424

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FRANK PARMIGIANO

CFO

04/13/2009

Electronic Signature of Signing Officer or Director

Date