

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000123619

Entity Name: Hyla Health Inc.

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

5451 UNIVERSITY DR
101
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

5451 UNIVERSITY DR
101
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 20-5620122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAIR, MANUEL F
5451 UNIVERSITY DR
101
CORAL SPRINGS, FL 33067 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAIR, MANUEL F
Address: 5451 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP () Delete
Name: CHAMBERS, ROBERT
Address: 6822 NW 28 CT
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MANUEL F. MAIR

PRES

04/05/2007

Electronic Signature of Signing Officer or Director

Date