


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90040 040 ***150.00

DOCUMENT # P06000150528	
1. Entity Name HEALTH CARE ADVOCATES & TESTIMONY INC.	

Principal Place of Business 10126 SORENSTAM DR. TRINITY, FL 34655	Mailing Address 10126 SORENSTAM DR. TRINITY, FL 34655
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2. Principal Place of Business - No P.O. Box # 10126 SORENSTAM DRIVE	3. Mailing Address 10126 SORENSTAM DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TRINITY FLORIDA	City & State TRINITY, FLORIDA
Zip 34655	Country USA
Zip 34655	Country USA

40126835



07232007 Chg-P CR2E034 (12/06)

4. FEI Number 33-1173133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HENNESSY, CATHERINE I. 10126 SORENSTAM DR. TRINITY, FL 34655	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Catherine I. Hennessy*

(NOTE: Registered Agent signature required when reinstating)

7/23/07
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HENNESSY, CATHERINE I. 10126 SORENSTAM DR. TRINITY, FL 34655 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Catherine I. Hennessy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/07

ATTACHMENT

40126835
P06000150528

FOR
HEALTH CARE ADVOCATES & TESTIMONY

WE DID NOT RECEIVE THIS REMINDER
UNTIL TODAY. UNFORTUNATELY IT HAD
BEEN INADVERTANTLY BEEN PLACED IN
OUR NEIGHBOUR'S MAIL BOX, WHO HAD BEEN
AWAY FOR A CONSIDERABLE AMOUNT OF TIME

ANY QUESTIONS PLEASE CALL, THANK YOU.

Colleen I. Henneby
777.456.3124