ALINNA	ROFIT ORATION IL REPORT 996				ra B. Morth etary of Sta	am ite							
	ENT #	P 3106	1	(5)									
HEALT	H FORCE	, INC.											
cipal Place of	f Business	·····		ing Address	<u></u>				 	LII BILIII UUI	11 44 167 20 1	I] BOLDI ODILI UI	15 00 01916 0011 1
WOODBURY NY 11797				177 CROSSWAYS PARK DR. WOODBURY NY 11797 US				3. Date	3. Date Incorporated or Qualified 3a. Date of Last Report				
Principal Plac	e of Business		28.	Mailing Address				4. FEI N]		oplied For
			26	Suite, Apt. #, etc.					CH2/0/6			\$8.75	Not Applicat Additional
Suite, Apt. #,	. שוני. 		27						on Campaign Fina				Required D May Be
City & State			28	City & State	<u></u>			Trust	Fush Contributor	n		Adde	to Fees
Zıp	25	ountry	29	Zip	30 30	ountry		Florid	la Statutes	🔀 Yes	🗌 No		
	9. Name and A	ddress of Current		ered Agent		81	Name	10. Nam	e and Address o	of New R	egistere	d Agent	
0000	DRATION SERVI					82		ddress (P.O. Bo	x Number is Not	Acceptab	le)	;;	
	AYS STREET					83						. <u> </u>	
	HASSEE FL 323	01				03							
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			1.00	T LEOR Florida St	atutos the	84		poration submi	is this statement fi	or the pu	rpose of c		p Code registered o
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