

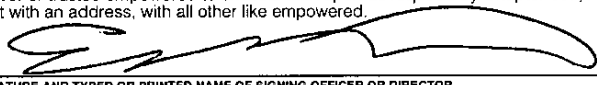


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90055 038 ***158.75

DOCUMENT # P94000009701 1. Entity Name HEALTHHELP OF FLORIDA, INC.					
Principal Place of Business 10700 N. FREEWAY SUITE 900 HOUSTON, TX 77037 US			Mailing Address 10700 N. FREEWAY SUITE 900 HOUSTON, TX 77037 US		
2. Principal Place of Business 654 N. Sam Houston Pkwy E, Suite 340 Houston TX		3. Mailing Address 654 N. Sam Houston Pkwy E, Suite 340 Houston TX			
Suite, Apt. #, etc. Suite 340		Suite, Apt. #, etc. Suite 340		03032005 Chg-P CR2E034 (10/03)	
City & State Houston TX		City & State Houston TX		4. FEI Number 76-0429755	
Zip 77060		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	CEO FARNSWORTH, CHERILL <input type="checkbox"/> Delete 10700 N. FREEWAY, STE 900 HOUSTON, TX 77037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Edward R. Mashek 654 N. Sam Houston Pkwy E, Ste 340 Houston TX 77060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input checked="" type="checkbox"/> Delete TUFANO, PAULL K 10700 N. FREEWAY, STE 900 HOUSTON, TX 77037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO <input checked="" type="checkbox"/> Delete SELNA, MARK 10700 N. FREEWAY, STE 900 HOUSTON, TX 77037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMO <input type="checkbox"/> Delete ORRISON, WILLIAM DR 10700 N. FREEWAY, STE 900 HOUSTON, TX 77037		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHEEDY, CHARLES E TWO HOUSTON CENTER, NO. 2907 HOUSTON, TX 77010		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HSU, CHARLES 128 CLARENDON AVE. SAN FRANCISCO, CA 94114		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 exemption stated in Section 119.07(3)(i), 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:  3/28/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					