

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000018097

FILED
Jan 04, 2005
Secretary of State

Entity Name: HEALTH CARE FACILITATORS INC.

Current Principal Place of Business:

820 GROVESMERE LOOP
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

820 GROVESMERE LOOP
OCOE, FL 34761

New Mailing Address:

FEI Number: 59-3233248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVALLETE, FRANCIS
820 GROVESMERE LOOP
OCOE, FL 34761 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: LAVALLETE, FRANCIS
Address: 820 GROVESMERE LOOP.
City-St-Zip: OCOE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: FRAN LAVALLETE

PRES

01/04/2005

Electronic Signature of Signing Officer or Director

Date