


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90016 018 ***150.00

DOCUMENT # P94000081986 1. Entity Name HEALTHWISE PHARMACY INC					
Principal Place of Business 8338 B NORTH ARMENIA AVENUE TAMPA, FL 33604 US			Mailing Address 8338 B NORTH ARMENIA AVENUE TAMPA, FL 33604 US		
2. Principal Place of Business 2708 W. Waters Ave Suite, Apt. #, etc.		3. Mailing Address 2708 W. Waters Ave Suite, Apt. #, etc.			
City & State Tampa FL Zip Country 33614 US		City & State Tampa FL Zip Country 33614 US		4. FEI Number 59-3275872 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01032005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PRETTI, PATEL C/O HEALTHWISE PHARMACY 8338 N. ARMENIA AVE. TAMPA, FL 33604 <i>Pretti Patel 90 Healthwise Pharmacy 2708 W. Waters Ave Tampa FL 33614.</i>			7. Name and Address of New Registered Agent Name Pretti Patel Street Address (P.O. Box Number is Not Acceptable) 90 Healthwise Pharmacy 2708 W. Waters Ave City Tampa FL Zip Code 33614		
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 <i>P. Patel</i> PRETTI. PATEL 1/3/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	PD PATEL, PRETTI A 19004 AVENUE BAYONNES LUTZ, FL <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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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: <i>P. Patel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/3/05 <small>Date</small>		813-932-6337 <small>Daytime Phone #</small>