2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P95000069788 1. Entity Name HEALTHCARE SPECIALISTS, INC.					SORE	04-26-2004 91285 026 ***150.00				
Principal Plac	e of Business	Mailing Address		l	-					
301 W BAY ST . #140		PO BOX 550667								
JACKSONVILLE, FL 32202		JACKSONVILLE, FL 32257								
						IN AND AND AND AND AND	E BENIE RING NOM 1886			
2. Principal Place of Business		3. Mailing Address					1			
						. 89116 BILLE IBIH IBBE		1201 11 1001		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212004	Chg-P	CR2E034 (1	0/03)			
City & State		City & State		4. FEI Number			Ac	plied For		
				59-33338	360		_	t Applicable		
Zip Country		Zip	Zip Country		5. Certificate of	Status Desired		5 Add		
	6. Name and Address of Current	egistered Agent			Fee Required 7. Name and Address of New Registered Agent					
o. Hante and Address of Culteric negistered Agent				Name						
SHIELDS, WILLIAM				Street Address	n /D.O. Boy Number	in Nat Assessinis	١			
301 W BAY STREET JACKSONVILLE, FL 32202				Street Address (P.O. Box Number is Not Acceptable)						
07.01.0011VIEEE, 1 E 02202										
				City			FL Z	ip Code		
8. The above named entity submits this statement for the nursoss of changing its			ranistar	ed office or regist	tered agent or both	in the State of Flo	;	ar with	and accept	
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.										
CIONIATIDE										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	· OFFICERS AND	DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CI	HANGES TO OFFI	CERS AND DIRE	CTORS	3 IN 11	
TITLE	PENNETT DANIEW	Delete	TITLE				□ C	hange	☐ Addition	
NAME STREET ADDRESS	BENNETT, RANDY PO BOX 550667		NAM	E Et address						
City-ST-ZIP	JACKSONVILLE, FL 32255			-ST-ZIP						
TITLE	S :	☐ Delete	TITLE	P	NF trake			hange	☐ Addition	
NAME	SHIELDS, WILLIAM		NAM		hields 1	July a	_	·	_	
STREET ADDRESS City-St-Zip	PO BOX 550667			ET ADDRESS	hields, u Some	MINN				
TITLE	JACKSONVILLE, FL 32255		-						00/100	
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STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	The same of the sa			-ST-ZIP						
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 fue 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 the trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 10 or Block 11 if changed, or on an attachment with an Adverse, with all other like empowered.										

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR