

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000085081

1. Entity Name  
HEALTHCARE 2000 INTERNATIONAL, INC.



Principal Place of Business

230 N. DIXIE HWY  
BAY 26-27  
HOLLYWOOD, FL 33020 US

Mailing Address

230 N. DIXIE HWY  
BAY 26-27  
HOLLYWOOD, FL 33020 US

**DO NOT WRITE IN THIS SPACE**

01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0646276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEIGHT, PAUL J  
230 N. DIXIE HWY  
BAY 26-27  
HOLLYWOOD, FL 33020

**DO NOT WRITE  
IN THIS SPACE**

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

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  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CEO  
NAME LEIGHT, PAUL J  
STREET ADDRESS 12000 BISCAYNE BLVD., SUITE 509  
CITY-ST-ZIP NORTH MIAMI, FL 33181

U00000140580  
04/29/04-80167-008 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 addendum with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 854-342-5445  
Date Daytime Phone #