

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000090009

FILED  
Jun 30, 2004  
Secretary of State

**Entity Name:** HEALTH DIMENSIONS OF FLORIDA, INC.

**Current Principal Place of Business:**

4320 SHERIDAN ST.  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

4320 SHERIDAN ST.  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

**FEI Number:** 65-0636621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SO. PINE ISLAND ROAD  
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** LONGONE-MESSER, ALBERTA  
**Address:** 3548 SW 24TH LANE  
**City-St-Zip:** DELRAY BEACH, FL 33445

**Title:** D ( ) Delete  
**Name:** POIRIER, PATRICIA RN  
**Address:** 11044 NW 21 PLACE  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**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:** PATRICIA POIRIER

RN

06/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date