

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000028839

FILED  
Jan 23, 2004  
Secretary of State

**Entity Name:** HEALTHPRO MANAGEMENT AND AUTOMATION SYSTEMS, INC.

**Current Principal Place of Business:**

32 E. MAGNOLIA AVE  
SUITE 1  
EUSTIS, FL 32726 US

**New Principal Place of Business:**

**Current Mailing Address:**

1351 TYRINIGHAM RD  
EUSTIS, FL 32726 US

**New Mailing Address:**

**FEI Number:** 59-3370454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERRINE, DANIEL V  
1351 TYRINGHAM ROAD  
EUSTIS, FL 32727

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

PERRINE, DANIEL V  
1351 TYRINGHAM ROAD  
EUSTIS, FL 32726

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:

01/23/2004

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PERRINE, DANIEL V  
Address: 1351 TYRINGHAM ROAD  
City-St-Zip: EUSTIS, FL 32727

Title: V ( ) Delete  
Name: MAUFROY, MARIAH B  
Address: 2669 WINCHESTER CIR  
City-St-Zip: EUSTIS, FL 32726

Title: V ( ) Delete  
Name: LESTER, MATTHEW D  
Address: 455 OHIO BLVD  
City-St-Zip: EUSTIS, FL 32726

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: D (X) Change ( ) Addition  
Name: PERRINE, DANIEL V  
Address: 1351 TYRINGHAM ROAD  
City-St-Zip: EUSTIS, FL 32726

Title: V (X) Change ( ) Addition  
Name: MAUFROY, MARIAH B  
Address: 1003 BRISTOL LAKE RD. APT 204  
City-St-Zip: MT. DORA, FL 32757

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

Title: V ( ) Change (X) Addition  
Name: PERRINE, REBECCA E  
Address: 1351 TYRINGHAM ROAD  
City-St-Zip: EUSTIS, FL 32726

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: DANIEL V PERRINE

D

01/23/2004

Electronic Signature of Signing Officer or Director

Date