2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2004
Secretary of State

DOCUMENT# P96000040179

Entity Name: HEALTHSIGHT, INC.

Current Principal Place of Business:

P.O. BOX 14-3976
CORAL GABLES, FL 331143976

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14-3976
CORAL GABLES, FL 331143976

New Mailing Address:

FEI Number: 65-0676363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALVAREZ, HENRY
PO BOX 14-3976
CORAL GABLES, FL 33114 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: P ( ) Delete
Name: ALVAREZ, HENRY
Address: PO BOX 14-3976
City-St-Zip: CORAL GABLES, FL 33114 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALVAREZ, HENRY
Address: PO BOX 14-3976
City-St-Zip: CORAL GABLES, FL 33114 US

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: HENRY ALVAREZ MD PD 05/02/2004

Electronic Signature of Signing Officer or Director — Date