2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P96000078993 HEALTHCARE PRODUCTS EXPORT & SERVICES, INC.



FILED May 11, 2006 08:00 AN Secretary of State

Principal Place of Business 431 CHESTNUT LANE FT. LAUDERDALE, FL 33326 Mailing Address

431 CHESTNUT LANE FT. LAUDERDALE, FL 33326



01172006

No Cha-P

CR2E034 (11/05)

4. FEI Number 65-0701963

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

DO NOT WRITE IN THIS SPACE

PADILLA, HECTOR **431 CHESTNUT LANE** FT. LAUDERDALE, FL 33326

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, tiped or primad here of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstalling) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing: □	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT T WYATT, JACK 3937 MT CARMEL LANE MELBOURNE, FL 32901 PD PADILLA, MARY A 431 CHESTNUT LANE	TORS			U00000564417 05/20/06-80065-003 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT. LAUDERDALE, FL 33326				NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
NAME STREET ADDRESS CITY-SI-ZIP TITLE		***************************************			
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby a indicated of the core	certify that the information supplied with this file on this report is true progration or the receiver or trustee empowerer	iling does not qualify for the exert ad accurate and that my signatu and to execute this report as require	nptions cor re shall had	ntained in Chapter 11 ve the same legal effe ter 607. Florida Statut	9, Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if