

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000084646

FILED  
May 20, 2004  
Secretary of State

**Entity Name:** HEALTHY CONNECTIONS MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

5802 HOFFNER AVE.  
SUITE 705  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TERRENCE MCNANMARA, ESQ.  
7116 GULF BLVDM SUITE E  
SAINT PETERSBURG BEACH, FL 33706

**New Mailing Address:**

**FEI Number:** 59-3407543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCNANAMARA, TERRENCE P ESQ  
7116 GULF BLVD  
SUITE E  
SAINT PETERSBURG BEACH, FL 33706

**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: DPST ( ) Delete  
Name: HUNZIKER, CHARLES N  
Address: 5802 HOFFNER AVENUE SUITE 705  
City-St-Zip: ORLANDO, FL 32822

Title: V ( ) Delete  
Name: REED, LYNNE  
Address: 5802 HOFFNER AVE. SUITE 705  
City-St-Zip: ORLANDO, FL 32822

**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: CHARLES N HUNZIKER

PRES

05/20/2004

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

\_\_\_\_\_  
Date