2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000091302

1. Entity Name
HEALGRANGE LIMITED, INC.

FILED
Apr 29, 2004 08:00 AM
Secretary of State

Principal Place of Business
4150 KINGS STREET
COCOA FLORIDA, FL 32926

Mailing Address
4150 KINGS STREET
COCOA FLORIDA, FL 32926

04272004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3410805
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHHABRA, KRISHAN C
4150 KINGS STREET
COCOA, FL 32926

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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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	CHHABRA, KRISHNAN
STREET ADDRESS	4150 KINGS STREET
CITY-ST-ZIP	COCOA FLORIDA, FL 32926
TITLE	D
NAME	CHHABRA, ANJALI
STREET ADDRESS	4150 KINGS STREET
CITY-ST-ZIP	COCOA FLORIDA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ CHHABRA KRISHAN 4/26/04 (321) 632-5721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #