

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048392

FILED
Apr 19, 2007
Secretary of State

Entity Name: HEALTHY HEART CARE, P.A.

Current Principal Place of Business:

1281 S. HICKORY ST., STE. E.
MELBOURNE, FL 32901

New Principal Place of Business:

1314 PINE STREET
MELBOURNE, FL 32901

Current Mailing Address:

1281 S. HICKORY ST., STE. E.
MELBOURNE, FL 32901 US

New Mailing Address:

1314 PINE STREET
MELBOURNE, FL 32901 US

FEI Number: 59-3448817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPIN, KEVIN B PRES
1281 S. HICKORY ST., STE. E.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

CHAPIN, KEVIN B PRES
1314 PINE STREET
MELBOURNE, FL 32901 US

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: KEVIN B CHAPIN DO

04/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHAPIN, KEVIN B
Address: 1281 S. HICKORY ST., STE E.
City-St-Zip: MELBOURNE, FL 32901 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHAPIN, KEVIN B
Address: 1314 PINE STREET
City-St-Zip: MELBOURNE, FL 32901 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KEVIN B CHAPIN, DO

PRES

04/19/2007

Electronic Signature of Signing Officer or Director

Date