


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000093574	
1. Entity Name HEALTH SCIENCE RESOURCE INTEGRATION, INC.	

Principal Place of Business ATTN: BRENT KERGER 2976 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309	Mailing Address ATTN: BRENT KERGER 2976 WELLINGTON CIRCLE WEST TALLAHASSEE, FL 32309
--	--

DO NOT WRITE IN THIS SPACE



02162004 No Chg-P OR2E034 (10/03)

4. FEI Number 59-3481614	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent KERGER, BRENT D 2976 WELLINGTON CIR W TALLAHASSEE, FL 32309	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, 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000055504 02/18/04-80004-001 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRENT D KERGER 6290 BLACK FOX WAY TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KERGER, SUZANNE M 6290 BLACK FOX WAY TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Brent D. Keger **2-16-04 850 8944800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #