

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106761

FILED
Apr 30, 2007
Secretary of State

Entity Name: HEALTH SCIENCES AMERICA, INC.

Current Principal Place of Business:

1515 NORTH FEDERAL HIGHWAY
SUITE 215
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

1515 NORTH FEDERAL HIGHWAY
SUITE 215
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 65-0808428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARSELLA, GREGORY Q
1515 NORTH FEDERAL HIGHWAY
SUITE 215
BOCA RATON, FL 33432 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARSELLA, GREGORY Q M.D.
Address: 550 S OCEAN BLVD, APT 1807
City-St-Zip: BOCA RATON, FL 33432 US

Title: D () Delete
Name: YACONA, ANTHONY F M.D.
Address: 6100 GLADES ROAD, SUITE 205
City-St-Zip: BOCA RATON, FL 33432 US

Title: D () Delete
Name: TUCKER, KENNETH S LMHC
Address: 21363 ESCONDIDO WY
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MARSELLA, GREGORY Q M.D.
Address: 1515 N FEDERAL HWY STE 215
City-St-Zip: BOCA RATON, FL 33432 US

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 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: GREGORY Q. MARSELLA, MD

D

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date