2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000015306

1. Entity Name
HEALTH STAT, INC.

Principal Place of Business	Mailing Address
6878 BRIAR LAKE CIR PALM BCH GARDENS, FL 33418	6878 BRIAR LAKE CIR PALM BCH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE

01132007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0821391	Not Applicable

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

6. Name and Address of Current Registered Agent

BADE, MARCY
6878 BRIAR LAKE CIR
PALM BCH GARDENS, FL 33418

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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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BADE, MARCY
STREET ADDRESS	6878 BRIAR LAKE CIR
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418
TITLE	PVST
NAME	BADE, MARCY
STREET ADDRESS	6878 BRIAR LAKE CIR
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/30/07-80026-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Marcy Bade* MARCY BADE   4/17/07   561 799 994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #