

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000035064

Entity Name: THE HEALTH MALL, INC.

FILED  
Jan 17, 2005  
Secretary of State

**Current Principal Place of Business:**

3210 S.W. 14TH PLACE  
BOYNTON BEACH, FL 334269887

**New Principal Place of Business:**

1351 WEST PALMETTO PARK ROAD  
BOCA RATON, FL 33486

**Current Mailing Address:**

3210 S.W. 14TH PLACE  
BOYNTON BEACH, FL 334269887

**New Mailing Address:**

FEI Number: 65-0832444

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COCHRAN, THOMAS  
2801 EXCHANGE CT.  
WEST PALM BEACH, FL 33409 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: DESTEFANO, LOUIS  
Address: 3120 S.W. 14TH PLACE  
City-St-Zip: BOYNTON BEACH, FL 334269887

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHLEEN GIULIANO

MANA

01/17/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date