2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: __

DOCUMENT # P98000036948 1. Entity Name BSA HEALTH 1 ST INC.					Jan 28, 2005 08:00 AM Secretary of State
Principal Plac	ce of Business	Mailing Address			7
11985 US F	łwy I	11985 US HWY I			
205 JUNO BEACH FL 33408		205 JUNO BEACH FL 33408			
		<u>, in extension (17.5)</u>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.			1st MOORE CR2E034 (10/04)
City & State		City & State			4. FEI Number 65-0845580 Applied For Not Applied.
Zip	Country	Zip	Cou	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent
ELBLONK, IRA				Name	
103	10 LAKÉ AVE, STE.C			Street Address	(P.O. Box Number is Not Acceptable)
LAKE WORTH FL 33460					
ĺ				City	FL Zip Code
The above named entity submits this statement for the number of changing its registerers.				red office or registe	
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 registioned eigent and title if applicable (NOTE Registered Agont signature required when reinstating) DATE					
After	FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.		ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	D REICHART, MANFRED	☐ Delete	HHI NAM		☐ Change ☐ Additio
STREET ADDRESS				EET ADDRESS	
CHY-ST-ZIP	JUNO BEACH FL 33408	·	1 0114	(-51-ZIP	a popular construction of
TITLE	D COLLARD OF CHICAGO	☐ Delete	FIFL	Ī	UCOCOCO Change Additio
NAME STREET ADDRESS	REICHART, CHRISTINE		NAM STRE	ELT ADDRESS	UDDDD201015 U1728705-80051-022 150100
City-SI-ZIP	JUNO BEACH FL 33408			-ST-70	
TITLE		☐ Defete	nic	i	☐ Change ☐ Additio
NAME STREET ADDRESS			NAM	EFT ADDRESS	
CITY-ST-ZIP				-ST-ZIP	
BITLE		☐ Delete	TITL	F	☐ Change ☐ Additio
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STREET ADDRESS City-St-Zip				ET ADDRESS -ST-ZIP	
TITLE		Delete	itto	f T	☐ Change ☐ Addition
NAME			: NAM		
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THE	<u> </u>	☐ Delete	TITLE		☐ Change ☐ Addition
NAME		and Doller	NAM		Onesign
STREET ADDRESS	{			ET ADDRESS	
CITY-SI-ZIP	certify that the information semalic during	ith this filling does not such the		ST-ZIP	ortion 119 07/2V/) Florido Statutos I further considerate info
12. I hereby certify that the information-supplied with this filling does not qualify 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 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 trusted 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO Davis Phone 4

FILED