

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90745 001 \*\*\*476.25

**DOCUMENT # P98000058948**

1. Entity Name  
HEALTH EXPRESS USA, INC.



Principal Place of Business  
1761 W. HILLSBORO BLVD.  
SUITE 203  
DEERFIELD BEACH, FL 33442

Mailing Address  
1761 W. HILLSBORO BLVD.  
SUITE 203  
DEERFIELD BEACH, FL 33442

**66014412**



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0847995

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

D'ALONZO, MARCO  
1761 W. HILLSBORO BLVD  
DEERFIELD BEACH, FL 33442

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VTD
NAME	D'ALONZO, MARCO
STREET ADDRESS	1761 W. HILLSBORO BLVD., S-203
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	PSD
NAME	BAKER, DOUGLAS
STREET ADDRESS	1761 W. HILLSBORO BLVD., S-203
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
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)(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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-05 934.570.5900