


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-03-2004 90715 012 ***150.00

DOCUMENT # P98000099320	
1. Entity Name HEALTH WISE DIAGNOSTICS, P.A.	

Principal Place of Business 3028 CARING WAY SUITE 2&3 PORT CHARLOTTE, FL 33952 US	Mailing Address PO BOX 495429 PORT CHARLOTTE, FL 33952 US
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66425589



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0886726	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SMITH, PAUL 2595 HARBOR BLVD. SUITE 201 PORT CHARLOTTE, FL 33952	DAVID A. COURSON P.O. Box 495430 PORT CHARLOTTE, FL 33952

**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 DAVID A. COURSON <small>Signature, typed or printed name of registered agent and title if applicable.</small>	 <small>(NOTE: Registered Agent signature required when reinstating)</small>	4-29-04 <small>DATE</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, JIM 21481 HARBORSIDE BLVD. PORT CHARLOTTE, FL 33952
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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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DAVID A. COURSON	4-26-04 <small>Date</small>	941-255-8676 <small>Daytime Phone #</small>
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