


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

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 495430
PORT CHARLOTTE, FL 33949 US



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0886726

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COURSON, DAVID A
PO BOX 495430
3430 TAMiami TRAIL, STE B
PORT CHARLOTTE, FL 33949

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 _____ (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**

1100000196792
01/26/05-80079-025 150.00

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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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)(c), 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: James E. White 1-21-05 **941-883-8383**

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