


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90413 019 ***150.00

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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

00008732



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
3430 TAMAMI TRAIL
 Suite, Apt. #, etc.
SUITE B

03272006 Chg-P CR2E034 (11/05)

City & State
PORT CHARLOTTE, FL

Zip Country
33952

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 TAMAMI TRAIL, STE B
PORT CHARLOTTE, FL 33949

7. Name and Address of New Registered Agent
 Name **JAMES WHITE**
 Street Address (P.O. Box Number is Not Acceptable)
3430 TAMAMI TRAIL, SUITE B
 City **PORT CHARLOTTE** FL Zip Code **33952**

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, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITE, JIM 21481 HARBORSIDE BLVD. PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #