

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000047628

Entity Name: HEALTHCARE 2001, INC.

FILED  
Mar 02, 2006  
Secretary of State

**Current Principal Place of Business:**

230 N. DIXIE HWY.  
BAY 26 & 27  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

230 N. DIXIE HWY.  
BAY 26 & 27  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 65-0935572      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLASER, ALLAN M  
11900 BISCAYNE BLVD  
MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: LEIGHT, LYNN  
Address: 230 N DIXIE HIGHWAY SUITE 27  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN LEIGHT

PSD

03/02/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date