



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90031 021 ***158.75

DOCUMENT # P99000048748			
1. Entity Name HSC HEALTH AND WELLNESS, INC.			
Principal Place of Business 2801 PONCE DE LEON BLVD SUITE 600 CORAL GABLES, FL 33134		Mailing Address 2801 PONCE DE LEON BLVD SUITE 600 CORAL GABLES, FL 33134	
2. Principal Place of Business 2100 Ponce De Leon Blvd Suite, Apt. #, etc. Suite 950		3. Mailing Address 2100 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 950	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134		Zip 33134	
Country		Country	
4. FEI Number 65-0934545		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHANG, LEILA 2801 PONCE DE LEON BLVD - STE 600 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2100 Ponce de Leon Blvd. Suite 950 City Coral Gables FL Zip Code 33134	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, MICHAEL 2801 PONCE DE LEON BLVD, STE 600 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 Ponce de Leon Blvd. Suite 950 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMENEZ, PETER 2801 PONCE DE LEON BLVD, STE 600 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 Ponce de Leon Blvd. Suite 950 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANG, LEILA 2801 PONCE DE LEON BLVD, STE 600 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 Ponce de Leon Blvd. Suite 950 Coral Gables, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: 		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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