2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90031 021 ***158.75

NAME JIMENEZ, PETER STREET ADDRESS 2801 PONCE DE LEON BLVD, STE 600 CITY-ST-ZIP CORAL GABLES, FL 33134 NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134	1. Entity Nam HSC HEA		D WELLNES	SS, INC.									
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7. Name and Address of New Registered Agent 7. Name and Nam	Zip			2	·	Coun	try		5. Certificate	of Status Desi	ed X	\$8.75 Fee Reg	Additional uired
CHANG, LEILA 2801 PONCE DE LEON BLVD - STE 600 CORAL GABLES, FL 33134 8. The above named onlity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delte D Delte D Delte D Delte D Delte D Delte	<u></u>	6. Name	and Address of						7. Name an	d Address of N	ew Regist		
B. 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 chilipations of registered agent. SIGNATURE Significant Name FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D FERNANDEZ, MICHAEL 2801 PONCE DE LEON BLVD, STE 600 CORAL GABLES, FL 33134 TITLE D MAME SIREST ADDRESS CITY-ST-2P CORAL GABLES, FL 33134 TITLE D CHANG, LEILA D CHANG SIREST ADDRESS CITY-ST-2P CORAL GABLES, FL 33134 C CHANG SIREST ADDRESS CITY-ST-2P D CHANG SIREST ADDRESS CITY-ST-2P	2801 PON	CE DE LE		STE 600			Street Ac) Pôr	ice de L				
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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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Date

Oaytime Phone #