


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000048748**  
1. Entity Name  
HSC HEALTH AND WELLNESS, INC.



Principal Place of Business      Mailing Address  
2100 PONCE DE LEON BLVD STE 950      2100 PONCE DE LEON BLVD STE 950  
CORAL GABLES, FL 33134      CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



01062005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0934545</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
  
CHANG, LEILA  
2100 PONCE DE LEON BLVD STE 950  
CORAL GABLES, FL 33134

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, MICHAEL 2100 PONCE DE LEON BLVD STE 950 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JIMENEZ, PETER 2100 PONCE DE LEON BLVD STE 950 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHANG, LEILA 2100 PONCE DE LEON BLVD STE 950 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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24/12/05-80024-012 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **4-8-05** **305-443-2114**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #