


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90108 032 ***150.00

DOCUMENT # P99000060751 1. Entity Name HEALTHWAVE, INC.			
Principal Place of Business 1360 BEACH BLVD JACKSONVILLE BEACH, FL 32250		Mailing Address 1360 BEACH BLVD JACKSONVILLE BEACH, FL 32250	
2. Principal Place of Business - No P.O. Box # 1401-C Penman Rd Suite, Apt. #, etc.		3. Mailing Address 1401-C Penman Rd Suite, Apt. #, etc.	
City & State Jacksonville Beach FL Zip Country 32250-3647 USA		City & State Jacksonville Beach FL Zip Country 32250-3647 USA	
4. FEI Number 59-3588315		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROSS, PATRICIA J 1360 BEACH BLVD - 1401-C Penman Rd JACKSONVILLE BEACH, FL 32250-3647		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Patricia J. Gross P.T. Director</u> <u>1/15/07</u> <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, 2007 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 D <input type="checkbox"/> Delete NAME GROSS, PATRICIA J STREET ADDRESS 1360 BEACH BLVD - 1401-C Penman Rd CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250-3647	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>Patricia J. Gross P.T.</u> <u>1/15/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>904-242-6707</u> <small>Date Daytime Phone #</small>	