

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000068079

Entity Name: HEALTHQIX.COM, INC.

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

702 W. COLUMBUS DR.  
A  
TAMPA, FL 33602

## New Principal Place of Business:

4942 W. MELROSE AVE N.  
TAMPA, FL 33629

## Current Mailing Address:

702 W. COLUMBUS DR.  
A  
TAMPA, FL 33602

## New Mailing Address:

4942 W. MELROSE AVE N.  
TAMPA, FL 33629

FEI Number: 59-3590335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RATTAN, PAWAN  
702 W. COLUMBUS DR.  
A  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

RATTAN, PAWAN  
4942 W. MELROSE AVE N.  
TAMPA, FL 33629 US

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: PAWAN K. RATTAN

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RATTAN, PAWAN M.D.  
Address: 702 W. COLUMBUS DR.-A  
City-St-Zip: TAMPA, FL 33602

Title: VD ( ) Delete  
Name: RATTAN, VEENA K M.D.  
Address: 702 W. COLUMBUS DR. -A  
City-St-Zip: TAMPA, FL 33602 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: RATTAN, PAWAN M.D.  
Address: 4942 W. MELROSE AVE N.  
City-St-Zip: TAMPA, FL 33629

Title: VD (X) Change ( ) Addition  
Name: RATTAN, VEENA K M.D.  
Address: 4942 W. MELROSE AVE N.  
City-St-Zip: TAMPA, FL 33629 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAWAN K. RATTAN

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date