2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90009 014 ***150.00

DOCUMENT # S43025

1. Entity Name
HEALTHSTYLE MANAGEMENT CO., INC.

Principal Place of Business	Mailing Address
6001 N OCEAN DR SUITE 1101 HOLLYWOOD, FL 33019 US	6001 N OCEAN DR SUITE 1101 HOLLYWOOD, FL 33019 US

54018237

03052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2275 S. OCEAN BLVD.	2275 S OCEAN BLVD.
Suite, Apt. #, etc.: 305 S	Suite, Apt. #, etc.: 305 S
City & State: PALM BEACH FL	City & State: PALM BEACH, FL
Zip: 33480 Country: USA	Zip: 33480 Country: USA

4. FEI Number: 65-0257307 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOSOW, LEE 2275 S OCEAN BLVD 305-S PALM BEACH, FL 33480	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 _____ 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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DPT NOBLE, DOUGLAS B. 15 MARIA CIRCLE NEWTON, MA 02459	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BLANK, MARJORIE J. 6001 N OCEAN DR APT 1101 HOLLYWOOD, FL 33019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOSOW, LEE S. 2275 S. OCEAN BLVD., 305S PALM BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT LEE-KOSOW 2275 S OCEAN BLVD.; 305-S PALM BEACH, FL 33480	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Lee Kosow 3/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #