DOC 1. Entity Nam	# V21003							
HEALTH WATCH, INC.					FILED			
Principal Place	e of Business	Mailing Address			00 SEP 27	AM 9: 59		
777 YAMATO RD SUITE 350 BOCA RATON FL 33431		3 EXECUTIVE CAMPUS 2ND FLOOR SOUTH CHERRY HILL NJ 08002			SECRETARY OF STATE TALLAHASSEE FLORIDA			
2. Principal Place of Business		3. Mailing Address				1156 B. T. C. B. L. B. B. B. L. B.	01911 819 11 18 9 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE		
City & State		City & State			4. FEI Number 65-0317442	. I 	pplied For lot Applicable	
Zìp	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ac Fee Requir	iditional ed	
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Reg	istered Agent		
			Name					
QUEEN, JEFFREY 777 YAMATO RD			Street	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 350								
BOCA RATON FL 33431			City	City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered against and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FILE			Registered Agent signs FEE IS \$550 , 2000 Min. will	ature required who	10. Election Campaign Finar Trust Fund Contribution	DATE \$5.0	00 May Be	
11.	OFFICERS AND I	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUEEN, JEFFREY 777 YAMATO RD, #350 BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	777 Y	dent , Andrew amato RD, #350 Raton, FL 33431	∑ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FELDMAN, RONALD 3 EXECUTIVE CAMPUS 2ND FLO CHERRY HILL NJ 08002	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Queen 777	, Jeffrey Yamato RD, #350 Raton, FL 33431	X∑ Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME	ÇFQ	•	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				3 Exe	Dennes, Donna 3 Executive Campus, 2nd f1-South Cherry Hill, NJ 08002			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1000034	□ Change 15331 - 1001032	☐ Addition ——— 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		****758	10-010:52 175 ************************************	8.75ddition	

RM BUSINESS REPORT (UBR)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAMÉ

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MARINATURISU (IDONNA DORRIS)

Delete

9/18/00

856-661-0700 Daytime Phone #

Change

Addition

KE

CR2E034 (5/00)