


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90105 009 \*\*\*150.00

<b>DOCUMENT # V21003</b>		
1. Entity Name HEALTH WATCH, INC.		

Principal Place of Business <del>777 YAMATO RD</del> <del>SUITE 350</del> BOCA RATON, FL 33431	Mailing Address 535 ROUTE 38 SUITE 500 CHERRY HILL, NJ 08002
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2. Principal Place of Business 6400 Park of Commerce Blvd Suite, Apt. #, etc. Suite 1A City & State Boca Raton FL Zip 33431		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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01032005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0317442	Applied For Not Applicable
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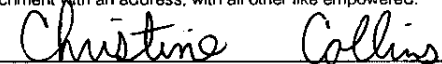
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANDS, STUART <del>777 YAMATO ROAD</del> <del>SUITE 350</del> BOCA RATON, FL 33431	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6400 Park of Commerce Blvd Suite 1A City Boca Raton FL Zip Code 33431	
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  Signature, typed or printed name of registered agent and title if applicable.	VICE PRESIDENT OF OPERATIONS 1/5/05 (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD BROOKS, RICHARD M 535 ROUTE 38, SUITE 500 CHERRY HILL, NJ 08002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD DORRIS, DONNA 535 ROUTE 38, SUITE 500 CHERRY HILL, NJ 08002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-4-05 (856) 661-0700 x1122 Date Daytime Phone #