

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # V39527
1. Entity Name
**HEALTHCARE DEVELOPMENT ASSOCIATES
INTERNATIONAL, INC.**



Principal Place of Business 5301 N. FEDERAL HWY SUITE 210 BOCA RATON, FL 33487 US	Mailing Address 5301 N. FEDERAL HWY SUITE 210 BOCA RATON, FL 33487 US
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01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0336459	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

KRONAWITTER, CECILIA L
5301 N FEDERAL HWY
210
BOCA RATON, FL 33487

**DO NOT WRITE
IN THIS SPACE**

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 a registered agent.

SIGNATURE: *Cecilia Kronawitter* DATE: 1/26/07
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRONAWITTER, CECILIA 5301 N FEDERAL HWY STE 210 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRONAWITTER, JOHN J 5301 N. FEDERAL HWY STE 210 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000615212
02/06/07-80062-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Cecilia Kronawitter* DATE: 1/26/07 561 988 9522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #