

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90021 040 \*\*\*150.00

<b>DOCUMENT # V39527</b> 1. Entity Name <b>HEALTHCARE DEVELOPMENT ASSOCIATES INTERNATIONAL, INC.</b>					
Principal Place of Business <b>5301 N. FEDERAL HWY 777 E. ATLANTIC AVE SUITE 210 222 BOCA RATON, FL 33487 US</b> <b>DeLray Beach, FL 33483</b>				Mailing Address <b>5301 N. FEDERAL HWY 777 E. ATLANTIC AVE SUITE 210 222 BOCA RATON, FL 33487 US</b> <b>DeLray Beach, FL 33483</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>65-0336459</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KRONAWITTER, CECILIA L</b> <b>5301 N. FEDERAL HWY 777 E. ATLANTIC AVE.</b> <b>210 SUITE 222</b> <b>BOCA RATON, FL 33487 DeLray Beach, FL 33483</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete <b>KRONAWITTER, CECILIA</b> <b>777 E. ATLANTIC AVE</b> <b>5301 N. FEDERAL HWY STE 210 SUITE 222</b> <b>BOCA RATON, FL 33487 DeLray Beach, FL 33483</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> Delete <b>KRONAWITTER, JOHN J</b> <b>777 E. ATLANTIC AVE</b> <b>5301 N. FEDERAL HWY STE 210 SUITE 222</b> <b>BOCA RATON, FL 33487 DeLray Beach, FL 33483</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Cecilia Kronawitter</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/27/08</b> <b>561.830.8381</b> <small>Date Daytime Phone #</small>		