## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V59453

FILED Feb 05, 2004 Secretary of State

Entity Name: HEALTH MANAGED CARE NATIONAL, INC.

,			,		
Current Principal Place of Business:			New Principal Place of Business:		
2901 SW 1 #170 MIRAMAR	149 AVE , FL 33027				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2901 SW 1 #170 MIRAMAR	149 AVE , FL 33027				
FEI Number:	: 65-0516195	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
2901 SW 1 # 170	I, W. CHARLES 149 AVENUE , FL 33027 US				
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO () JACKSON, W. C 2901 SW 149 A' MIRAMAR, FL 3	/E # 170	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. CHARLES JACKSON PCEO 02/05/2004