

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007267

FILED
Apr 03, 2009
Secretary of State

Entity Name: AMERICA'S HEALTH CARE CONSUMER ASSOCIATION, INC.

Current Principal Place of Business:

4929 WEST ROYAL LANE
SECOND FLOOR
IRVING, TX 75063

New Principal Place of Business:

Current Mailing Address:

4929 WEST ROYAL LANE
SECOND FLOOR
IRVING, TX 75063

New Mailing Address:

FEI Number: 43-1942355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: LAWLER, WAYNE D JR.
Address: 300 NORTH COIT ROAD, SUITE 350
City-St-Zip: RICHARDSON, TX 75080

Title: SVC () Delete
Name: KATOSIC, GEORGE R
Address: 300 NORTH COIT ROAD, SUITE 350
City-St-Zip: RICHARDSON, TX 75080

Title: VT () Delete
Name: NORED, ANNE M
Address: 1116 DEERCROSS LANE
City-St-Zip: WAXHAW, NC 28173

Title: VP () Delete
Name: MURPHY, BENJAMIN
Address: 858 W. ARMITAGE, #414
City-St-Zip: CHICAGO, IL 60614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BANJAMIN MURPHY

VP

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date