

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007267

FILED
Apr 26, 2011
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

OFFICERS AND DIRECTORS:

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

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

Title: TD
Name: NORED, ANNE M
Address: 1116 DEERCROSS LANE
City-St-Zip: WAXHAW, NC 28173

Title: AT
Name: DANKO, JOSEPH
Address: 4929 WEST ROYAL LANE, SUITE 200
City-St-Zip: IRVING, TX 75063 US

Title: AS
Name: DENISON, BRADLEY W
Address: 900 36TH AVE, STE 105
City-St-Zip: NORMAN, OK 73072 US

I hereby 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 all other like empowered.

SIGNATURE: BRADLEY W. DENISON

AS

04/26/2011

Electronic Signature of Signing Officer or Director

_____ Date