## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000007267

FILED Apr 11, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4929 WEST ROYAL LANE
SECOND FLOOR
IRVING, TX 75063

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SECOND FLOOR
IRVING, TX 75063

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Current Mailing Address: New Mailing Address:

4929 WEST ROYAL LANE SECOND FLOOR IRVING, TX 75063

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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 04/11/2012