

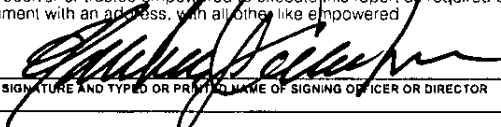


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # J25149 1. Entity Name HEALTH CARE AUDITORS, INC.					
Principal Place of Business 10126 SORENSTAM DRIVE TRINITY, FL 34655 US		Mailing Address 10126 SORENSTAM DRIVE TRINITY, FL 34655 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc			
City & State		City & State		03252008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-2702091	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CAROLIDES, NICHOLAS 10126 SORENSTAM DRIVE TRINITY, FL 34655			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when remaining)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CAROLIDES, NICHOLAS 10126 SORENSTAM DRIVE TRINITY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000231031 04/23/08-80009-007 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HENNESSY, CATHERINE I 10126 SORENSTAM DRIVE TRINITY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					