2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P06000141876

Entity Name: HEALTH CONCEPTS MANAGMENT PROFESSIONALS, INC

Current Principal Place of Business:

8046 PRESIDENTS
B
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

8046 PRESIDENTS
B
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 20-5921217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIDALGO, MARCEL
11202 STOCKWELL CT
ORLANDO, FL 32837 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: P ( ) Delete
Name: HIDALGO, MARCEL
Address: 11202 STOCKWELL CT
City-St-Zip: ORLANDO, FL 32837

Title: T ( ) Delete
Name: TORRES, KIRCIS
Address: 6457 MAIN SAIL CT
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/T (X) Change ( ) Addition
Name: TORRES, KIRCIS
Address: 6457 MAIN SAIL CT
City-St-Zip: ORLANDO, FL 32807

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: MARCEL HIDALGO P 04/30/2007

Electronic Signature of Signing Officer or Director Date