2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763935

FILED Mar 23, 2009 Secretary of State

Entity Nam	ne: HPC HE	ALTHCAF	RE, INC.					
Current Principal Place of Business:				New	New Principal Place of Business:			
SUITE 100	ECOM PARK ERRACE, FL		US					
Current Mailing Address:				New	New Mailing Address:			
SUITE 100	ECOM PARK ERRACE, FL		US					
FEI Number:	59-2264957	FEI Nur	mber Applied For()	FEI Number No	ot Applicable () Certificate of Status	s Desired()	
Name and	Address of (Current F	Registered Agent:	Nam	e and Addre	ss of New Registered A	gent:	
12973 TELE SUITE 100	EZ, KATHY L ECOM PARK ERRACE, FL	WAY	JS					
The above in the State		submits t	his statement for the	purpose of chan	ging its regis	stered office or registered	agent, or both,	
SIGNATUR								
		-	ture of Registered Ag			Date		
OFFICERS AND DIRECTORS:				ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP (FERNANDEZ, 12973 TELECO TEMPLE TERF	OM PKWY.		Title: Name: Addres City-S	ss:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DC (LINCER, WAL ⁻ 12973 TELECO TEMPLE TERF	OM PKWY.		Title: Name: Addres City-S	ss: 12973	(X) Change () Addition N, BRIAN TELECOM PKWY., STE. 100 LE TERRACE, FL 33637 US		
Title: Name: Address: City-St-Zip:	DT (UITERWYK, S 12973 TELECO TEMPLE TERF	OM PKWY.		Title: Name: Addres City-S	ss:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DS (MELECH, TRIS 12973 TELECO TEMPLE TERF	OM PKWY.	·	Title: Name: Addres City-S	ss:	() Change () Addition		
Title: Name:	VC () Delete		Title:	DVC	(X) Change () Addition		

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY L. FERNANDEZ DP 03/23/2009