

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000600

Entity Name: HCR, INC.

FILED  
Jan 16, 2009  
Secretary of State

## Current Principal Place of Business:

C/O CALER, DONTEN, LEVINE, DRUKER, ET AL  
505 S. FLAGLER DRIVE, STE. 900  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

## Current Mailing Address:

C/O CALER, DONTEN, LEVINE, DRUKER, ET AL  
505 S. FLAGLER DRIVE, STE. 900  
WEST PALM BEACH, FL 33401

## New Mailing Address:

FEI Number: 58-1444609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DRUKER, SCOTT  
CALER, DONTEN, LEVINE, DRUKER, ET AL  
505 S. FLAGLER DRIVE, STE. 900  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

LOUIS, COHEN M  
CALER, DONTEN, LEVINE, DRUKER, ET AL  
505 S. FLAGLER DRIVE, STE. 900  
WEST PALM BEACH, FL 33401 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: LOUIS M COHEN

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: HANLEY, W. L. JR  
Address: 250 JUNGLE ROAD  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: SLADE, J.J.  
Address: 535 MADISON AV., STE. 7, 35TH FL  
City-St-Zip: NEW YORK, NY 100224212

Title: DST ( ) Delete  
Name: CARDUCCI, F.N.  
Address: C/O 535 MADISON AVE., STE. 7, 35TH FL  
City-St-Zip: NEW YORK, NY 100224212

Title: VP ( ) Delete  
Name: HOFFMAN, A.A.  
Address: 250 JUNGLE ROAD  
City-St-Zip: PALM BEACH, FL 33480

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: W.L. HANLEY JR.

CP

01/16/2009

Electronic Signature of Signing Officer or Director

Date