

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F04000006125 1. Entity Name HEALTH REVENUE ASSURANCE ASSOCIATES, INC.	
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Principal Place of Business 10097 CLEARY BOULEVARD SUITE 513 PLANTATION, FL 33324	Mailing Address 10097 CLEARY BOULEVARD SUITE 513 PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2322643	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RUBINOWITZ, ROBERT 10097 CLEARY BOULEVARD SUITE 513 PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000928604 05/21/08-80035-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC CLARK, ANDREA 10097 CLEARY BOULEVARD PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST RUBINOWITZ, ROBERT 10097 CLEARY BOULEVARD PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **4-24-08** **954-472-2340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #