2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007260

Entity Name: HGI HEALTHCARE INC.

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 16405-G2 NORTHCROSS DRIVE HUNTERSVILLE, NC 28078 **Current Mailing Address: New Mailing Address:** 16405-G2 NORTHCROSS DRIVE HUNTERSVILLE, NC 28078 FEI Number: 20-3699228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STAFFORD, ELIZABETH STAFFORD, ELIZABETH 3003 KERRMAR ST 1004 CARLYLE LANE DELAND, FL 32724 **APT 1201** FT. LAUDERDALE, FL 33304 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: 01/04/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition KILGOUR, GINA Name: Name: 20617 BETHELWOOD LN Address: Address: City-St-Zip: CORNEUUS, NC 28031 City-St-Zip: () Delete Title: Title: () Change () Addition Name: KILGOUR, ALECK Name: 20617 BETHELWOOD LN Address: Address: CORNEUUS, NC 28031 City-St-Zip: 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: ALECK KILGOUR 01/04/2008 SEC