

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007260

Entity Name: HGI HEALTHCARE INC.

FILED
Jan 17, 2011
Secretary of State

Current Principal Place of Business:

16405-G2 NORTHCROSS DRIVE
HUNTERSVILLE, NC 28078

New Principal Place of Business:

Current Mailing Address:

16405-G2 NORTHCROSS DRIVE
HUNTERSVILLE, NC 28078

New Mailing Address:

FEI Number: 20-3699228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAFFORD, ELIZABETH
1004 CARLYLE LANE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

STAFFORD, ELIZABETH
249 HAZELTINE DRIVE
DEBARY, FL 32713 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:

Electronic Signature of Registered Agent

01/17/2011

Date

OFFICERS AND DIRECTORS:

Title: P
Name: KILGOUR, GINA
Address: 20617 BETHELWOOD LN
City-St-Zip: CORNEUUS, NC 28031

Title: S
Name: KILGOUR, ALECK
Address: 20617 BETHELWOOD LN
City-St-Zip: CORNEUUS, NC 28031

Title: DIR
Name: STAFFORD, ELIZABETH
Address: 16405-G2 NORTHCROSS DR
City-St-Zip: HUNTERSVILLE, NC 28078

Title: DIR
Name: WAGNER, KARA
Address: 16405-G2 NORTHCROSS DR
City-St-Zip: HUNTERSVILLE, NC 28078

I hereby 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 all other like empowered.

SIGNATURE: ALECK KILGOUR

Electronic Signature of Signing Officer or Director

SEC

01/17/2011

Date