

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005696

FILED
Apr 15, 2008
Secretary of State

Entity Name: HEALTH RESOURCES, LTD. INCORPORATED

Current Principal Place of Business:

16041 LA COSTA DRIVE
WESTON, FL 33326

New Principal Place of Business:

2614 ABBEY GROVE DRIVE
VALRICO, FL 33594 46

Current Mailing Address:

457 SAND RIDGE DRIVE
TAMPA, FL 33594

New Mailing Address:

2614 ABBEY GROVE DRIVE
VALRICO, FL 33594 46

FEI Number: 43-1071404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTTMILLER, JENNIFER L
457 SAND RIDGE DR
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: HAMMERLE, RONALD L
Address: 457 SAND RIDGE DRIVE
City-St-Zip: TAMPA, FL 33594

Title: VP () Delete
Name: SUTTMILLER, JENNIFER L
Address: 457 SAND RIDGE DR
City-St-Zip: VALRICO, FL 335944058

Title: S () Delete
Name: HAMMERLE, BARBARA L
Address: 457 SAND RIDGE DRIVE
City-St-Zip: TAMPA, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change () Addition
Name: HAMMERLE, RONALD L
Address: 2614 ABBEY GROVE DRIVE
City-St-Zip: TAMPA, FL 33594

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

Title: S (X) Change () Addition
Name: HAMMERLE, BARBARA L
Address: 2614 ABBEY GROVE DRIVE
City-St-Zip: VALRICO, FL 33594

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: RONALD L. HAMMERLE

CPT

04/15/2008

Electronic Signature of Signing Officer or Director

Date