

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002876

FILED
Mar 20, 2009
Secretary of State

Entity Name: HEALTHCARE ACQUISITION PARTNERS, INC.

Current Principal Place of Business:

4789 NARRAGANSETT AVE.
SAN DIEGO, CA 92107

New Principal Place of Business:

3725 TALBOT ST.
SUITE A
SAN DIEGO, CA 92106

Current Mailing Address:

4789 NARRAGANSETT AVE.
SAN DIEGO, CA 92107

New Mailing Address:

3725 TALBOT ST.
SUITE A
SAN DIEGO, CA 92106

FEI Number: 22-3947363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOVATT, JEFF M. ESQ.
821 5TH AVE. SOUTH, STE. 201
NAPLES, FL 34102 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: CPST () Delete
Name: DA SILVA, BETH E.
Address: 4731 DEL MONTE AVE.
City-St-Zip: SAN DIEGO, CA 92107

Title: VP () Delete
Name: DA SILVA, BETH E.
Address: 4731 DEL MONTE AVE.
City-St-Zip: SAN DIEGO, CA 92107

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPST (X) Change () Addition
Name: DA SILVA, BETH E.
Address: 971 AMIFORD DR.
City-St-Zip: SAN DIEGO, CA 92107

Title: VP (X) Change () Addition
Name: DA SILVA, BETH E.
Address: 971 AMIFORD DR.
City-St-Zip: SAN DIEGO, CA 92107

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: BETH E. DASILVA

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03/20/2009

Electronic Signature of Signing Officer or Director

Date