

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003296

FILED
May 27, 2009
Secretary of State

Entity Name: ROCKPORT HEALTHCARE GROUP, INC.

Current Principal Place of Business:

50 BRIAR HOLLOW LANE, #515W
HOUSTON, TX 77027

New Principal Place of Business:

Current Mailing Address:

5353 N. 16TH STREET
SUITE 250
PHOENIX, AZ 85016

New Mailing Address:

FEI Number: 76-0565070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DAUGHERTY, LORAIN S
Address: 5000 BRADENTON AVENUE
City-St-Zip: DUBLIN, OH 43017

Title: SECT () Delete
Name: MCCARTHY, MARK M
Address: 5000 BRADENTON AVENUE
City-St-Zip: DUBLIN, OH 43017

Title: TREA () Delete
Name: CREA, STEPHEN
Address: 5000 BRADENTON AVENUE
City-St-Zip: DUBLIN, OH 43017

Title: S VP () Delete
Name: NEER, HARRY M
Address: 50 BRIAR HOLLOW LANE, #515W
City-St-Zip: HOUSTON, TX 77027

Title: S VP () Delete
Name: NEER, GREG H
Address: 50 BRIAR HOLLOW LANE #515W
City-St-Zip: HOUSTON, TX 77027

Title: S VP () Delete
Name: NEER, MARK C
Address: 50 BRIAR HOLLOW LANE #515W
City-St-Zip: HOUSTON, TX 77027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: MARK MCCARTHY

SECR

05/27/2009

Electronic Signature of Signing Officer or Director

Date