2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001058

Entity Name: HEROCARE, INC.

OFFICERS AND DIRECTORS:

Apr 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

8695 COLLEGE PARKWAY SUITE 219 10491 SIX MILE CYPRESS PKWY.

FT. MYERS, FL 33919 SUITE 204

FT. MYERS, FL 33966

Current Mailing Address: New Mailing Address:

8695 COLLEGE PARKWAY SUITE 219 10491 SIX MILE CYPRESS PKWY.

FT. MYERS, FL 33919 SUITE 204

FT. MYERS, FL 33966

FEI Number: 20-5599108 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:

HOUK, LANE HOUK, LANE

10491 SIX MILE CYPRESS PKWY. 8695 COLLEGE PARKWAY SUITE 219

FT. MYERS, FL 33919 SUITE 204

FT. MYERS, FL 33966 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: LANE A. HOUK 04/30/2009

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

() Delete (X) Change () Addition

HOUK, LANE HOUK, LANE Name: Name:

8695 COLLEGE PARKWAY SUITE 219 Address: 10491 SIX MILE CYPRESS PKWY. SUITE 204 Address:

City-St-Zip: FT. MYERS, FL 33919 City-St-Zip: FT. MYERS, FL 33966

Title: SD Title: (X) Change () Addition () Delete

SCOTT, STEVE Name: SCOTT, STEVE Name:

Address: 8695 COLLEGE PARKWAY SUITE 219 Address: 10491 SIX MILE CYPRESS PKWY.

City-St-Zip: FT. MYERS, FL 33919 City-St-Zip: FT. MYERS, FL 33966

Title: () Delete Title: (X) Change () Addition GONZALEZ, ALAN Name: GONZALEZ, ALAN Name:

10491 SIX MILE CYPRESS PKWY. 8695 COLLEGE PARKWAY SUITE 219 Address: Address:

City-St-Zip: FT. MYERS, FL 33919 City-St-Zip: FT. MYERS, FL 33966

() Delete Title: Title: (X) Change () Addition PIETRANEIC, MARK Name: Name: PIETRANEIC, MARK

8695 COLLEGE PARKWAY SUITE 219 10491 SIX MILE CYPRESS PKWY. Address: Address:

City-St-Zip: FT. MYERS, FL 33919 City-St-Zip: FT. MYERS, FL 33966

Title: () Delete Title: (X) Change () Addition

COREY, JACKIE COREY, JACKIE Name: Name:

8695 COLLEGE PARKWAY SUITE 219 10491 SIX MILE CYPRESS PKWY. Address: Address:

City-St-Zip: FT. MYERS, FL 33919 City-St-Zip: FT. MYERS, FL 33966

Title: () Delete Title: (X) Change () Addition

CECIL, JON C CECIL, JON C Name: Name: Address: 8695 COLLEGE PARKWAY SUITE 219 Address: 10491 SIX MILE CYPRESS PKWY.

FT. MYERS, FL 33919 City-St-Zip: FT. MYERS, FL 33966 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANE A. HOUK CEO 04/30/2009