

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004340

FILED
May 01, 2012
Secretary of State

Entity Name: HEALTHCORPS, INC.

Current Principal Place of Business:

505 8TH AVENUE
1101
NEW YORK, NY 10018

New Principal Place of Business:

Current Mailing Address:

505 8TH AVENUE
1101
NEW YORK, NY 10018

New Mailing Address:

FEI Number: 26-1269358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANTON, WILLIAM
MACFARLANE FERGUSON & MCMULLEN
201 N. FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602 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

OFFICERS AND DIRECTORS:

Title: CHRM
Name: OZ, MEHMET MD
Address: 177 FORT WASHINGTON AVE. M 7-435
City-St-Zip: NEW YORK, NY 10032

Title: SD
Name: JILL, POSNICK
Address: 526 N CARMELINA
City-St-Zip: BRENTWOOD, CA 90049

Title: D
Name: ANTHONY E., MEYER
Address: 767 FIFTH AVENUE, 18TH FLOOR
City-St-Zip: NEW YORK, NY 10153

Title: TD
Name: MARKOWITS, ALEXANDER
Address: 1465 CANTERBURY ROAD
City-St-Zip: LAKEWOOD, NJ 08701

Title: D
Name: HIGGINS, THOMAS J
Address: 556 MORRIS AVENUE, 8TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: D
Name: DAVIS, JORDAN
Address: 400 MADISON AVENUE 8TH FLOOR
City-St-Zip: NEW YORK, NY 10017

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FERNANDO PACHECO

CFO

05/01/2012

Electronic Signature of Signing Officer or Director

Date