

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 07, 2012
Secretary of State

Entity Name: HEALTHCARE PROPERTIES LEASING, INC.

Current Principal Place of Business:

1626 JEURGENS COURT
NORCROSS, GA 30093

New Principal Place of Business:

Current Mailing Address:

PO BOX 1210
TOCCOA, GA 30577

New Mailing Address:

FEI Number: 20-3375239

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: PRUITT, NEIL L JR
Address: 1626 JEURGENS COURT
City-St-Zip: NORCROSS, GA 30093

Title: CFO
Name: SMALL, PHILIP W
Address: 1626 JEURGENS COURT
City-St-Zip: NORCROSS, GA 30093

Title: SEC
Name: PRUITT, NANCY W
Address: 1626 JEURGENS COURT
City-St-Zip: NORCROSS, GA 30093

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

SIGNATURE: NEIL L. PRUITT, JR.

CEO

03/07/2012

Electronic Signature of Signing Officer or Director

Date