2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# F93000002094

Entity Name: HEALTHCARE BUILDERS, INC.

Current Principal Place of Business:

5303 E. HIGHWAY 45
FORT SMITH, AR 72916 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3068
FORT SMITH, AR 729133068 US

New Mailing Address:

FEI Number: 71-0682145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. 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: PD
Name: CREEKMORE, S. W JR
Address: 901 PONTE VEDRA BOULEVARD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: VTD
Name: CREEKMORE, S W III
Address: NO. 2 BERRY HILL
City-St-Zip: FORT SMITH, AR 72903 US

Title: S
Name: CAMPBELL-ELLIS, CARLA
Address: 2015 LEE CREEK DRIVE
City-St-Zip: VAN BUREN, AR 72956 US

Title: AS
Name: LEHR, S. RUTH
Address: 6020 ELM AVENUE
City-St-Zip: RAYTOWN, MO 64133 US

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: S. RUTH LEHR AS 04/10/2012

Electronic Signature of Signing Officer or Director Date