2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# F93000002987

Entity Name: GENERAL HEALTHCARE RESOURCES, INC.

Current Principal Place of Business:

900 SOUTH FEDERAL HIGHWAY
SUITE 305
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

2250 HICKORY ROAD
SUITE 240
PLYMOUTH MEETING, PA 19462 US

New Mailing Address:

FEI Number: 23-2720209 **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 RD.
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: QUIRK, JOHN J
Address: 2250 HICKORY RD, SUITE 240
City-St-Zip: PLYMOUTH MTG, PA 19462

Title: TS ( ) Delete
Name: PALMER, LAWRENCE A
Address: 404 E LANCASTER AVE
City-St-Zip: WAYNE, PA 19087

Title: V ( ) Delete
Name: SMALING, THERESA M
Address: 2250 HICKORY RD,STE 240
City-St-Zip: PLYMOUTH MTG, PA 19462

Title: D ( ) Delete
Name: KENT, LAWRENCE J
Address: 404 E LANCASTER AVE
City-St-Zip: WAYNE, PA 19087

Title: D ( ) Delete
Name: KENT, MAURICE D
Address: 404 E LANCASTER AVE
City-St-Zip: WAYNE, PA 19087

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:

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: JEFFREY W. CRATER CPA 04/20/2009

Electronic Signature of Signing Officer or Director Date