

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005856

FILED
May 05, 2009
Secretary of State

Entity Name: HEALTHCARE ACQUISITION, INC.

Current Principal Place of Business:

2979 PGA BLVD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

4225 EAST MAIN STREET
JUPITER, FL 33458

Current Mailing Address:

PO BOX 31809
PALM BEACH GARDENS, FL 33420

New Mailing Address:

FEI Number: 65-0788751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALCZAK, PAUL M
2979 PGA BOULEVARD
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

WALCZAK, PAUL M
4225 EAST MAIN STREET
JUPITER, FL 33458 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: PAUL M. WALCZAK

05/05/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: FAGO, ELIZABETH M
Address: PO BOX 31809
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: S/V () Delete
Name: WALCZAK, PAUL
Address: PO BOX 31809
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: T () Delete
Name: STEIER, JOSEPH
Address: 2979 PGA BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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: PAUL WALCZAK

S/V

05/05/2009

Electronic Signature of Signing Officer or Director

Date