

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J09895

Entity Name: HEALTH CARE INVESTORS, INC.

FILED
May 31, 2007
Secretary of State

Current Principal Place of Business:

46319 STRATTON TERRACE
102
STERLING, VA 20165 US

New Principal Place of Business:

6938 GREENHILL PLACE
TAMPA, FL 33617 US

Current Mailing Address:

46319 STRATTON TERRACE
102
STERLING, VA 20165 US

New Mailing Address:

6938 GREENHILL PLACE
TAMPA, FL 33617 US

FEI Number: 59-2674413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OSAMA, KAYALI, CPA
8064 N 56TH STREET STE 2
TAMPA, FL 33617 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

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: PD () Delete
Name: ELKADI, IMAN
Address: 6938 GREENHILL PLACE
City-St-Zip: TAMPA, FL 33617 US

Title: STD () Delete
Name: MOSTAFA, ABDEL M
Address: 46319 STRATTON TERRACE, # 102
City-St-Zip: STERLING, VA 20165 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: SALEH, IBRAHEEM
Address: 1218 N. RIVERHILLS DRIVE
City-St-Zip: TAMPA, FL 33617 US

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: IMAN ELKADI

PD

05/31/2007

Electronic Signature of Signing Officer or Director

Date