2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2006
Secretary of State

DOCUMENT# M60448

Entity Name: HEALTHCARE RISK CONTROL, INC.

Current Principal Place of Business:

1522 SAN RAFAEL
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 140548
CORAL GABLES, FL 331140548 US

New Mailing Address:

FEI Number: 65-0008026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLANCO, PATRICIA
1522 SAN RAFAEL
CORAL GABLES, FL 33134 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: DP ( ) Delete
Name: BLANCO, PATRICIA,
Address: 1522 SAN RAFAEL
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BLANCO, PATRICIA,
Address: 1522 SAN RAFAEL
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA BLANCO PRES 04/09/2006

Electronic Signature of Signing Officer or Director Date