

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M88224

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: HEALTHCARE SUPPORT GROUP, INC.

## Current Principal Place of Business:

5444 BAY CENTER DRIVE  
SUITE 135  
TAMPA, FL 33609 US

## New Principal Place of Business:

8402 LAUREL FAIR CIRCLE  
SUITE 100  
TAMPA, FL 33610 US

## Current Mailing Address:

% DOUGLAS L. BENNING  
P.O. BOX 21068  
TAMPA, FL 33622

## New Mailing Address:

% DOUGLAS L. BENNING  
P O BOX 1247  
MANGO, FL 33550 US

FEI Number: 59-2555022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENNING, DOUGLAS L.  
5444 BAY CENTER DR SUITE 130  
SUITE 135  
TAMPA, FL 33609 US

## Name and Address of New Registered Agent:

BENNING, DOUGLAS L.  
8402 LAUREL FAIR CIRCLE  
SUITE 100  
TAMPA, FL 33610 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: DOUGLAS L BENNING

03/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BENNING, DOUGLAS L.,  
Address: 2804 BARRET AVE, WALDEN LAKES  
City-St-Zip: PLANT CITY, FL 74

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BENNING, DOUGLAS L.,  
Address: 2804 BARRET AVE, WALDEN LAKES  
City-St-Zip: PLANT CITY, FL 33566 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS L BENNING

D

03/22/2005

Electronic Signature of Signing Officer or Director

Date