2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00816

City-St-Zip:

SARASOTA, FL 34239

FILED Feb 27, 2007 Secretary of State

Entity Name: HEALTHCARE RESOURCES, INC.				
Current P	rincipal Place of Business:	New Principal Place of Business:		
	MIAMI TRAIL A, FL 34239	1700 S. TAMIAMI TRAIL SARASOTA, FL 34239		
Current M	ailing Address:	New Mailing Address:		
200 SOUT	H MIDDLEBROOKS H ORANGE AVENUE A, FL 34236	C/O J. HUGH MIDDLEBROOKS 200 S. ORANGE AVENUE SARASOTA, FL 34236		
FEI Number:	59-2538335 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired	() t	
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:		
MIDDLEBROOKS, J. HUGH ESQ 200 S ORANGE AVE SARASOTA, FL 34236 US		MIDDLEBROOKS, J. HUGH ESQ 200 S, ORANGE AVE SARASOTA, FL 34236 US		
	named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent,	or both,	
SIGNATUR	RE:	02/27/2007		
	Electronic Signature of Registered Ag	ent Date		
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIF	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DVP () Delete STRASSER, ROBERT 1700 S. TAMIAMI TRAIL SARASOTA, FL 34239 US	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	DP () Delete MACKENZIE, GWEN M 1700 S. TAMIAMI TRAIL SARASOTA, FL 34239	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	DT () Delete CARTER, GREGORY 1700 S. TAMIAMI TRAIL SARASOTA, FL 34239 US	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	DC () Delete LYONS, WILLIAM L 1700 S TAMIAMI TRAIL SARASOTA, FL 34239	Title: DVC (X) Change () Addition Name: BARCOMB, DONNA Address: 1700 S TAMIAMI TRAIL City-St-Zip: SARASOTA, FL 34239		
Title: Name: Address:	DS () Delete MALONE, MARGUERITE G 1700 S TAMIAMI TRAII	Title: DS (X) Change () Addition Name: COBB, PHYLLIS Address: 1700 S TAMIAMI TRAIL		

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SARASOTA, FL 34239

SIGNATURE: GWEN M. MACKENZIE DP 02/27/2007