2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N00816

Entity Name: HEALTHCARE RESOURCES, INC.

Current Principal Place of Business:

1700 S. TAMIAMI TRAIL
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

C/O J. HUGH MIDDLEBROOKS
200 S. ORANGE AVENUE
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-2538335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIDDLEBROOKS, J. HUGH ESQ
200 S, ORANGE AVE
SARASOTA, FL 34236 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

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: MALONE, MARGUERITE G
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239 US

Title: DP ( ) Delete
Name: MACKENZIE, GWEN M
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DT ( ) Delete
Name: CARTER, GREGORY
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239 US

Title: DC ( ) Delete
Name: BARCOMB, DONNA
Address: 1700 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

Title: DS (X) Delete
Name: COBB, PHYLLIS
Address: 1700 S TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change ( ) Addition
Name: MALONE, MARGUERITE G
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239 US

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

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

Title: DS (X) Change ( ) Addition
Name: STRASSER, ROBERT
Address: 1700 S. TAMIAMI TRAIL
City-St-Zip: SARASOTA, FL 34239

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

SIGNATURE: GWEN M. MACKENZIE P 03/03/2009

Electronic Signature of Signing Officer or Director — Date