

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007948

FILED
Apr 28, 2005
Secretary of State

Entity Name: THE HIPAA COMPLIANCE INSTITUTE OF AMERCIA, INC.

Current Principal Place of Business:

12230 FOREST HILL BLVD
157
WELLINGTON, FL 33414

New Principal Place of Business:

3460 FAIRLANE FARMS ROAD
SUITE 4
WELLINGTON, FL 33414

Current Mailing Address:

12230 FOREST HILL BLVD
157
WELLINGTON, FL 33414

New Mailing Address:

3460 FAIRLANE FARMS ROAD
SUITE 4
WELLINGTON, FL 33414

FEI Number: 20-0774575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUILLAMA, NOEL
929 CEDAR COVE ROAD
WELLINGTON, FL 33414 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: DIR () Delete
Name: GUILLAMA, NOEL J
Address: 929 CEDAR COVE ROAD
City-St-Zip: WELLINGTON, FL 33414

Title: DIR () Delete
Name: GUILLAMA, SUSAN
Address: 929 CEDAR COVE ROAD
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: NOEL J. GUILLAMA

DIR

04/28/2005

Electronic Signature of Signing Officer or Director

Date