2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006
Secretary of State

DOCUMENT# N03000000761

Entity Name: HEALTH RESOURCES & MANAGEMENT CENTRE, INC.

Current Principal Place of Business:

7641 HARBOR BEND CIRCLE
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

7641 HARBOR BEND CIRCLE
ORLANDO, FL 32822

New Mailing Address:

416 WINDROSE DR.
ORLANDO, FL 32824

FEI Number: 01-0766345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GUERRERO, NOUVAL A
7641 HARBOR BEND CIRCLE
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

GUERRERO, NOUVAL A
416 WINDROSE DR.
ORLANDO, FL 32824 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: NOUVAL GUERRERO 08/02/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GUERRERO, NOUVAL A
Address: 7641 HARBOR BEND CIRCLE
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete
Name: NORTON, MARIANNE E
Address: 2821 WILLOW RUN
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete
Name: NEWTON, FRANK A
Address: 912 FT. JACKSON BLVD.
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: NOUVAL GUERRERO PRES 08/02/2006
Electronic Signature of Signing Officer or Director Date