2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

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Entity Name: HPC HEALTHCARE, INC.

Current Principal Place of Business:

12973 TELECOM PARKWAY
SUITE 100
TAMPA, FL 33637

New Principal Place of Business:

12973 TELECOM PARKWAY
SUITE 100
TEMPLE TERRACE, FL 33637

Current Mailing Address:

12973 TELECOM PARKWAY
SUITE 100
TAMPA, FL 33637

New Mailing Address:

12973 TELECOM PARKWAY
SUITE 100
TEMPLE TERRACE, FL 33637

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHOBE, DAVID C
501 E. KENNEDY BOULEVARD
SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

FERNANDEZ, KATHY L
12973 TELECOM PARKWAY
SUITE 100
TEMPLE TERRACE, FL 33637 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: KATHY L. FERNANDEZ 01/29/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Change (X) Addition
Name: FERNANDEZ, KATHY L
Address: 12973 TELECOM PARKWAY, SUITE 100
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: DC ( ) Change (X) Addition
Name: LINCER, WALTER M
Address: 12973 TELECOM PARKWAY, SUITE 100
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: DS ( ) Change (X) Addition
Name: MELECH, TRISH
Address: 12973 TELECOM PARKWAY, SUITE 100
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: DT ( ) Change (X) Addition
Name: MELINDI, SUE M
Address: 12973 TELECOM PARKWAY, SUITE 100
City-St-Zip: TEMPLE TERRACE, FL 33637

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: KATHY L. FERNANDEZ DP 01/29/2007
Electronic Signature of Signing Officer or Director Date