

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004496

FILED
Mar 16, 2011
Secretary of State

Entity Name: HEALTHCARE CREDIT UNIONS INTERNATIONAL, INC.

Current Principal Place of Business:

4320 DEERWOOD LAKE PARKWAY, SUITE 101-455
JACKSONVILLE, FL 32216

New Principal Place of Business:

4320 DEERWOOD LAKE PARKWAY
SUITE 101-455
JACKSONVILLE, FL 32216

Current Mailing Address:

4320 DEERWOOD LAKE PARKWAY, SUITE 101-455
JACKSONVILLE, FL 32216

New Mailing Address:

4320 DEERWOOD LAKE PARKWAY
SUITE 101-455
JACKSONVILLE, FL 32216

FEI Number: 30-0650385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PILVER, MAURICE J
4320 DEERWOOD LAKE PARKWAY, SUITE 101-455
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

PILVER, MAURICE J
4320 DEERWOOD LAKE PARKWAY
SUITE 101-455
JACKSONVILLE, FL 32216 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: MAURICE J. PILVER, PRESIDENT

03/16/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: PILVER, MAURICE J
Address: 4320 DEERWOOD LAKE PARKWAY, SUITE 101-455
City-St-Zip: JACKSONVILLE, FL 32216

Title: DIR
Name: TRIMMIER, C. STEPHEN
Address: 2737 HIGHLAND AVENUE S.
City-St-Zip: BIRMINGHAM, AL 35205

I hereby 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 all other like empowered.

SIGNATURE: MAURICE J. PILVER, PRESIDENT

PRES

03/16/2011

Electronic Signature of Signing Officer or Director

Date