

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 25, 2011
Secretary of State

DOCUMENT# N10000006637

Entity Name: HEROCARE, INC.**Current Principal Place of Business:**5668 FISHHAWK CROSSING BLVD.
#109
LITHIA, FL 33547**New Principal Place of Business:**5668 FISHHAWK CROSSING BLVD.
#109
LITHIA, FL 33547 US**Current Mailing Address:**5668 FISHHAWK CROSSING BLVD.
#109
LITHIA, FL 33547**New Mailing Address:****FEI Number:** 20-5599108 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOUK, LANE A
5668 FISHHAWK CROSSING BLVD.
#109
LITHIA, FL 33547 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:** CEO
Name: HOUK, LANE A
Address: 5668 FISHHAWK CROSSING BLVD. #109
City-St-Zip: LITHIA, FL 33547**Title:** D
Name: GONZALEZ, ALAN
Address: 5668 FISHHAWK CROSSING BLVD. #109
City-St-Zip: LITHIA, FL 33547**Title:** D
Name: GONZALEZ, MAXINE
Address: 5668 FISHHAWK CROSSING BLVD. #109
City-St-Zip: LITHIA, FL 33547

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: LANE A. HOUK

CEO

10/25/2011

Electronic Signature of Signing Officer or Director

Date