2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2012
Secretary of State

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Entity Name: HEALTHCARE PROVIDERS COALITION, INC.

Current Principal Place of Business:

607 WEST MARTIN LUTHER KING JR. BOULEVARD
SUITE 103
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

607 WEST MARTIN LUTHER KING JR. BOULEVARD
SUITE 103
TAMPA, FL 33603

New Mailing Address:

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

Name and Address of Current Registered Agent:

CALKIN, CHRISTOPHER P
2002 WEST CLEVELAND STREET
TAMPA, FL 33606 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: D
Name: CALKIN, CHRISTOPHER P
Address: 2002 WEST CLEVELAND STREET
City-St-Zip: TAMPA, FL 33606

Title: D
Name: GLOGAU, AMIR
Address: 607 WEST MARTIN LUTHER KING JR. BLVD. #103
City-St-Zip: TAMPA, FL 33603

Title: D
Name: JOHNSON, KEVIN
Address: 2002 WEST CLEVELAND STREET
City-St-Zip: TAMPA, FL 33606

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: CHRISTOPHER P. CALKIN D 06/13/2012

Electronic Signature of Signing Officer or Director — Date