

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005528

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** HEALTHPRO SOLUTIONS, INC.

**Current Principal Place of Business:**

8251 NW 70 STREET  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

8251 NW 70 STREET  
TAMARAC, FL 33321 US

**New Mailing Address:**

**FEI Number:** 45-2481222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, ANDRA L  
8251 NW 70 STREET  
TAMARAC, FL 33321 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:** P  
**Name:** THOMAS, ANDRA L  
**Address:** 8251 NW 70 STREET  
**City-St-Zip:** TAMARAC, FL 33321 US

**Title:** VP  
**Name:** THOMAS, JONATHAN  
**Address:** 14040 BISCAYNE BLVD. #817  
**City-St-Zip:** N. MIAMI, FL 33181 US

**Title:** S  
**Name:** BARDISA, JESSICA A  
**Address:** 9059 VINEYARD LAKE DRIVE  
**City-St-Zip:** PLANTATION, FL 33324 US

**Title:** T  
**Name:** LEGUE, SHARON  
**Address:** 2927 MADISON STREET  
**City-St-Zip:** HOLLYWOOD, FL 33020

**Title:** D  
**Name:** YOUNGER, PHIL  
**Address:** 2014 NE 19 STREET  
**City-St-Zip:** FORT LAUDERDALE, FL 33301

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:** ANDRA THOMAS

PRES

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date