2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000002918

Entity Name: HEALTHACCORD, INC.

FILED Apr 06, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

801 E HALLANDALE BEACH BLVD. 801 E. HALLANDALE BEACH BLVD.

SUITE 200 200

HALLANDALE, FL 33009 HALLANDALE, FL 33009

Current Mailing Address: New Mailing Address:

801 E. HALLANDALE BEACH BLVD. 801 E HALLANDALE BEACH BLVD. SUITE 200

HALLANDALE, FL 33009

HALLANDALE, FL 33009 US

FEI Number: 65-0973146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BILOWICH, MARTIN BILOWICH, MARTIN

801 E. HALLANDALE BEACH BLVD. 801 E HALLANDALE BEACH BLVD.

SUITE 200 200 HALLANDALE, FL 33009 US HALLANDALE, FL 33009 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: 04/06/2010

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

BILOWICH, MARTIN Name:

801 E. HALLANDALE BEACH BLVD., SUITE 200 Address:

City-St-Zip: HALLANDALE, FL 33009 US

Title: VDT

Name: KEARNEY, KRISTIN

801 E. HALLANDALE BEACH BLVD, SUITE 200 Address:

HALLANDALE, FL 33009 US City-St-Zip:

Title: VD

WILHELM, CHARLES MD Name:

801 E. HALLANDALE BEACH BLVD., SUITE 200 Address:

City-St-Zip: HALLANDALE, FL 33009 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTIN BILOWICH PD 04/06/2010