2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P00000028361

Entity Name: HOSPITAL CARE PROVIDERS, INC.

Current Principal Place of Business:

4801 SE 11TH AVE.
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

4801 SE 11TH AVE.
OCALA, FL 34480 US

New Mailing Address:

FEI Number: 59-3643119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOERFLEIN, MICHAEL T
4801 SE 11TH AVENUE
OCALA, FL 34480 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DOERFLEIN, MICHAEL T
Address: 4801 SE 11TH AVENUE
City-St-Zip: OCALA, FL 34480

Title: T ( ) Delete
Name: STRUVE-DOERFLEIN, LINDA
Address: 4801 SE 11TH AVENUE
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA STRUVE-DOERFLEIN T 04/28/2006

Electronic Signature of Signing Officer or Director Date