2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100936

Entity Name: FLORIDA HEALTHCARE PROFESSIONALS (F.H.C.P.), INC.

FILED Jan 22, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
1107 W. MARION AVE, #116 PUNTA GORDA, FL 33950			
Current Mailing Address:		New Mailing Address:	
1107 W. MARION AVE, #116 PUNTA GORDA, FL 33950			
FEI Number: 65-0996531 FEI Numb	per Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			lew Registered Agent:
LINDENBERGER, THERESA A 1107 W. MARION AVE, #116 PUNTA GORDA, FL 33950 US			
The above named entity submits thi in the State of Florida.	s statement for the p	urpose of changing its registered c	ffice or registered agent, or both,
SIGNATURE:			
Electronic Signatu	re of Registered Age	nt	Date
Election Campaign Financing Trust Fund	I Contribution ().		

Title:

Name:

Address:

City-St-Zip:

OFFICERS AND DIRECTORS:

() Delete

LINDENBERGER, THERESA A

1107 W. MARION AVE, #116

PUNTA GORDA, FL 33950

Title: P (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: LINDENBERGER, THERESA A
Address: 1107 W. MARION AVE, #116
City-St-Zip: PUNTA GORDA, FL 33950

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: THERESA LINDENBERGER P 01/22/2007