

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005179

Entity Name: HOSPITAL AUDIT LOCUS, INC.

FILED  
May 06, 2005  
Secretary of State

## Current Principal Place of Business:

1450 MADRUGA AVE  
200  
MIAMI, FL 33146

## New Principal Place of Business:

## Current Mailing Address:

1450 MADRUGA AVE  
208  
MIAMI, FL 33146

## New Mailing Address:

FEI Number: 65-1076191      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALDMAN FELUREN & TRIGOBOFF PA  
ONE FINANCIAL PLAZA STE 1500  
FT LAUDERDALE, FL 33394      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: HEDRICK, DAVID T  
Address: 12950 BRADY ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: HOULIHAN, SHARON  
Address: P.O BOX 816824  
City-St-Zip: HOLLYWOOD, FL 33081

Title: DST ( ) Delete  
Name: FAILLACE, NAYFE S  
Address: 16921 S.W. 87 COURT  
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete  
Name: HEDRICK, LORI A  
Address: 12950 BRADY ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Section 119.07(3)(i), 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: NAYFE FAILLACE

DST

05/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date