

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005179

FILED
Apr 10, 2007
Secretary of State

Entity Name: HOSPITAL AUDIT LOCUS, INC.

Current Principal Place of Business:

9418 WAYPOINT PLACE
JACKSONVILLE, FL 322575588

New Principal Place of Business:

Current Mailing Address:

9418 WAYPOINT PLACE
JACKSONVILLE, FL 322575588

New Mailing Address:

D/B/A NATIONAL AUDIT
9418 WAYPOINT PLACE
JACKSONVILLE, FL 322575588

FEI Number: 65-1076191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FAILLACE, NAYFE S MS.
1450 MADRUGA AVENUE
SUITE 306
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

FAILLACE, NAYFE S MS.
9418 WAYPOINT PLACE
JACKSONVILLE, FL 322575588 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: NAYFE S. FAILLACE

04/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: FAILLACE, NAYFE S MS.
Address: 1450 MADRUGA AVENUE SUITE 306
City-St-Zip: CORAL GABLES, FL 33146

Title: S, D () Delete
Name: HEDRICK, LORI A MS.
Address: 1450 MADRUGA AVENUE SUITE 306
City-St-Zip: CORAL GABLES, FL 33146

Title: T, D () Delete
Name: HOULIHAN, SHARON MS.
Address: 1450 MADRUGA AVENUE SUITE 306
City-St-Zip: CORAL GABLES, FL 33146

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: FAILLACE, NAYFE S MS.
Address: 9418 WAYPOINT PLACE
City-St-Zip: JACKSONVILLE, FL 322575588

Title: S, D (X) Change () Addition
Name: HEDRICK, LORI A MS.
Address: 9418 WAYPOINT PLACE
City-St-Zip: JACKSONVILLE, FL 322575588

Title: T, D (X) Change () Addition
Name: HOULIHAN, SHARON MS.
Address: 9418 WAYPOINT PLACE
City-St-Zip: JACKSONVILLE, FL 322575588

Title: VP.D (X) Change () Addition
Name: HEDRICK, DAVID T MR.
Address: 12950 BRADY ROAD
City-St-Zip: JACKSONVILLE, FL 32223

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: NAYFE S. FAILLACE

P

04/10/2007

Electronic Signature of Signing Officer or Director

Date