2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# P01000005179

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:

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

New Mailing Address:

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.
9418 WAYPOINT PLACE
JACKSONVILLE, FL 322575588 US

Name and Address of New Registered Agent:

FAILLACE, NAYFE S MS.
16821 S.W. 87TH COURT
MIAMI, FL 33157 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: 01/12/2009
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: 9418 WAYPOINT PLACE
City-St-Zip: JACKSONVILLE, FL 322575588

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

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

Title: VP,D ( ) Delete
Name: HEDRICK, DAVID T MR.
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 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 PRES 01/12/2009
Electronic Signature of Signing Officer or Director — Date