

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000005179

FILED
Jan 07, 2010
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:

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.
16821 S.W. 87TH COURT
MIAMI, FL 33157 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, D
Name: FAILLACE, NAYFE S MS.
Address: 9418 WAYPOINT PLACE
City-St-Zip: JACKSONVILLE, FL 322575588

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: NAYFE S FAILLACE

P

01/07/2010

Electronic Signature of Signing Officer or Director

Date