2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2012
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:

12276 SAN JOSE BLVD
SUITE 410
JACKSONVILLE, FL 32223

Current Mailing Address:

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

New Mailing Address:

D/B/A NATIONAL AUDIT
12276 SAN JOSE BLVD SUITE 410
JACKSONVILLE, FL 32223

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:

KALLUPURACKAL, JACOB M MR
12276 SAN JOSE BLVD
SUITE 410
JACKSONVILLE, FL 32223 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: JACOB M KALLUPURACKAL 02/18/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P,
Name: NAMASIVAYAM, A MR
Address: 9412276 SAN JOSE BLVD SUITE 410
City-St-Zip: JACKSONVILLE, FL 32223

Title: S, T
Name: KALLUPURACKAL, JACOB M MR
Address: 9418 12276 SAN JOSE BLVD SUITE 410
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: JACOB KALLUPURACKAL S T 02/18/2012
Electronic Signature of Signing Officer or Director Date