2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# P01000034945

Entity Name: HEALTHCARE PROVIDERS OF FLORIDA, INC.

Current Principal Place of Business:

1120 CITRUS OAKS RUN
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

1120 CITRUS OAKS RUN
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 59-3709153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUCKER, AUBREY J
2020 MIZELL AVE
WINTER PARK, FL 32792 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: V ( ) Delete
Name: SHCAHAN, VICTORIA
Address: 1530 GOLFSIDE DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: PTS ( ) Delete
Name: FLAHERTY, PAM
Address: 1120 CITRUS OAKS RUN
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V (X) Delete
Name: ADRAGINA, KATHLEEN
Address: 5391 BRADY LANE
City-St-Zip: ORLANDO, FL 32814

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:

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: PAM FLAHERTY PTS 02/25/2009

Electronic Signature of Signing Officer or Director Date