2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2012
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

OFFICERS AND DIRECTORS:

Title: VP
Name: SHEAHAN, VICTORIA
Address: 1530 GOLFSIDE DRIVE
City-St-Zip: WINTER PARK, FL 32792

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

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: PAMELA L. FLAHERTY PRES 03/20/2012

Electronic Signature of Signing Officer or Director Date