2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2012
Secretary of State

DOCUMENT# P01000064100

Entity Name: HEALTH OPPORTUNITY TECHNICAL CENTER, INC.

Current Principal Place of Business:

18441 NW 2ND AVENUE
SUITE 300
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

18441 NW 2ND AVENUE
SUITE 300
MIAMI, FL 33169

New Mailing Address:

FEI Number: 58-2634964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RANGE, WILLA D
2742 TREANOR TERRACE
WELLINGTON, FL 33414 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: D
Name: JOHNSON, CAROL
Address: 18441 NW 2ND AVENUE SUITE 300
City-St-Zip: MIAMI, FL 33169

Title: D
Name: RANGE, WILLA D
Address: 2742 TREANOR TERRACE
City-St-Zip: WELLINGTON, FL 33414

Title: MRS
Name: BARROW, CAMILLE A
Address: 18441 NW 2ND AVENUE SUITE 300
City-St-Zip: MIAMI, FL 33169

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: CAMILLE LINDO-BARROW VP 04/15/2012

Electronic Signature of Signing Officer or Director Date