### 2008 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P02000071447

1. Entity Name

HEALTHCARE PROVIDERS ASSOCIATION, INC.



FILED Apr 09, 2008 08:00 A Secretary of State

Principal Place of Business

1022 MAIN ST STE Q DUNEDIN, FL 34698 Mailing Address

1022 MAIN ST STE Q DUNEDIN, FL 34698



 $\Box$ 

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03262008 No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0734784

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, RALPH E 1022 MAIN ST STE Q DUNEDIN, FL 34698

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|   |  |  |      | -                                  |   |
|---|--|--|------|------------------------------------|---|
| 8. 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. I am familiar with, and accept the obligations of registered agent. |  |  |      |                                    |   |
| SIGNATURE   |  |  |      |                                    |   |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00                            | Election Campaign Finan     Trust Fund Contribution. | cing | <b>\$5.00</b> May Be Added to Fees | U00000887745<br>04/21/08-80032-017 150.00 |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND DIRECT<br>D<br>JORDAN, RALPH E<br>1022 MAIN ST STE Q<br>DUNEDIN, FL 34698 | CTORS  |      |                                    |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |      |                                    | ,   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |      | DO                                 | NOT WRITE                                 |

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12. I hereby certify that the information supplied with this filing cross not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all pripa like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE

Man 3/2008 72

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