

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119834

FILED
Jan 19, 2006
Secretary of State

Entity Name: HEALTHCARE ADMINISTRATORS, INC.

Current Principal Place of Business:

13208 ROYAL GEORGE AVE.
ODESSA, FL 335565724

New Principal Place of Business:

4214 DEEPWATER LANE
TAMPA, FL 336155718

Current Mailing Address:

13208 ROYAL GEORGE AVE.
ODESSA, FL 335565724

New Mailing Address:

4214 DEEPWATER LANE
TAMPA, FL 336155718

FEI Number: 59-3684685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, ALBERT A
13208 ROYAL GEORGE AVE.
ODESSA, FL 335565724 US

Name and Address of New Registered Agent:

PEREZ, ALBERT A
4214 DEEPWATER LANE
TAMPA, FL 336155718 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:

01/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: PEREZ, ALBERT A
Address: 13208 ROYAL GEORGE AVE.
City-St-Zip: ODESSA, FL 335565724

Title: D () Delete
Name: PEREZ, ALBERT A
Address: 13208 ROYAL GEORGE AVE.
City-St-Zip: ODESSA, FL 335565724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: PEREZ, ALBERT A
Address: 4214 DEEPWATER LANE
City-St-Zip: TAMPA, FL 336155718

Title: D (X) Change () Addition
Name: PEREZ, ALBERT A
Address: 4214 DEEPWATER LANE
City-St-Zip: TAMPA, FL 336155718

I hereby certify that the information supplied with this filing does not qualify for the 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: ALBERT A. PEREZ

PVST

01/19/2006

Electronic Signature of Signing Officer or Director

Date