

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000119834

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** HEALTHCARE ADMINISTRATORS, INC.

**Current Principal Place of Business:**

7014 PELICAN ISLAND DR  
TAMPA, FL 336347469

**New Principal Place of Business:**

**Current Mailing Address:**

7014 PELICAN ISLAND DR  
TAMPA, FL 336347469

**New Mailing Address:**

7014 PELICAN ISLAND DR  
TAMPA, FL 33634

**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  
7014 PELICAN ISLAND DR  
TAMPA, FL 336347469 US

**Name and Address of New Registered Agent:**

PEREZ, ALBERT A  
7014 PELICAN ISLAND DR  
TAMPA, FL 33634 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/07/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: PEREZ, ALBERT A  
Address: 7014 PELICAN ISLAND DR  
City-St-Zip: TAMPA, FL 33634

Title: D  
Name: MALPARTIDA, KATHLEEN  
Address: 7014 PELICAN ISLAND DR  
City-St-Zip: TAMPA, FL 33634

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: A. A. PEREZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PVST

01/07/2011

\_\_\_\_\_  
Date