

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000118580

Entity Name: HSA GOLDEN, INC.

FILED  
Jan 05, 2012  
Secretary of State

**Current Principal Place of Business:**

100 EAST PINE STREET  
SUITE 605  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

100 EAST PINE STREET  
SUITE 605  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 55-0849621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BOULEVARD  
1500 MIAMI CENTER (JGH)  
MIAMI, FL 33131 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: P,T  
Name: PETER, BARTS T P.G.  
Address: 100 EAST PINE STREET, SUITE 605  
City-St-Zip: ORLANDO, FL 32801

Title: VP  
Name: JAMES, GOLDEN E P.G.  
Address: 100 EAST PINE STREET, SUITE 605  
City-St-Zip: ORLANDO, FL 32801

Title: S  
Name: SMITH, JOHN P P.E.  
Address: 100 EAST PINE STREET, SUITE 605  
City-St-Zip: ORLANDO, FL 32801

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: PETER T BARTS

P.T

01/05/2012

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

\_\_\_\_\_  
Date