2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124735

ROBINSON, EARTHA MGR.

1757 W.BRANDON BLVD

BRANDON, FL 33511

Name:

Address: City-St-Zip: FILED Sep 04, 2007 Secretary of State

Entity Name: HEALTHCARE SPECIALTY INC. **Current Principal Place of Business: New Principal Place of Business:** 1757 W. BRANDON BLVD **SUITE #111** BRANDON, FL 33511 **New Mailing Address: Current Mailing Address:** 1757 W BRANDON BLVD **SUITE #111** BRANDON, FL 33511 FEI Number: 20-0352232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUYCK, JESSICA D CEO ROBINSON, EARTHA 1757 W.BRANDON BLVD 1757 W.BRANDON BLVD **SUITE #101** SUITE #111 BRANDON, FL 33511 US BRANDON, FL 33511 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: EARTHA ROBINSON 09/04/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete () Change () Addition HOWARD, JEROME Name: Name: P.O.BOX 272361 Address: Address: City-St-Zip: TAMPA, FL 33688 City-St-Zip: Title: DIR. Title: () Delete (X) Change () Addition Name: HUYCK, JESSICA CEO Name: ROBINSON, EARTHA 1757 W.BRANDON BLVD. 1757 W.BRANDON BLVD. Address: Address: BRANDON, FL 33511 BRANDON, FL 33511 City-St-Zip: City-St-Zip: Title: Title: SEC (X) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: EARTHA ROBINSON DIR. 09/04/2007