

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003779

FILED  
May 02, 2007  
Secretary of State

Entity Name: HEALTH PARTNERS OF AMERICA CORPORATION

**Current Principal Place of Business:**

814 A1A N STE 202  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

814 A1A N STE 202  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 72-1590801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNDERWOOD, KEN  
117 PONTE VEDRA BLVD  
PONTE VEDRA BEACH, FL 32082 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

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:**

Title: P ( ) Delete  
Name: UNDERWOOD, KEN  
Address: 1117 PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete  
Name: BARTLETT, CHRISTOPHER B VP  
Address: 814 A1A N STE 202  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: OISTACHER, DENNIS VP  
Address: 814 A1A N STE 202  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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.

SIGNATURE: DENNIS OISTACHER

VP

05/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date