2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000003779

Entity Name: HEALTH PARTNERS OF AMERICA CORPORATION

FILED Apr 18, 2008 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
814 A1A N STE 202 PONTE VEDRA BEACH, FL 32082			814 A1A N STE 300 PONTE VEDRA BEAG	814 A1A N STE 300 PONTE VEDRA BEACH, FL 32082	
Current Mailing Address:			New Mailing Address:		
814 A1A N STE 202 PONTE VEDRA BEACH, FL 32082			814 A1A N STE 300 PONTE VEDRA BEACH, FL 32082		
FEI Number	: 72-1590801	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:		
117 PONTE VE	OOD, KEN TE VEDRA BL EDRA BEACH named entity of Florida.	, FL 32082 US	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	UNDERWOOD 1117 PONTE V		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OISTACHER, I 814 A1A N STE		Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: KENNETH L. UNDERWOOD P 04/18/2008