

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068529

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** HEALTHCARE LICENSING SERVICES INC

**Current Principal Place of Business:**

3 WEST GARDEN STREET  
SUITE 700  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

3 WEST GARDEN STREET  
SUITE 700  
PENSACOLA, FL 32502

**New Mailing Address:**

**FEI Number:** 02-0744072      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MORGAN, DANIEL P DP  
3 WEST GARDEN STREET  
SUITE 700  
PENSACOLA, FL 32502 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: DP  
Name: MORGAN, DANIEL  
Address: 3 WEST GARDEN STREET, SUITE 700  
City-St-Zip: PENSACOLA, FL 32502

Title: DVTS  
Name: MORGAN, DANIEL  
Address: 3 WEST GARDEN STREET, SUITE 700  
City-St-Zip: PENSACOLA, FL 32502

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: DANIEL MORGAN

DP

01/13/2011

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

\_\_\_\_\_ Date