

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068529

FILED
Jan 06, 2012
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

PRES

01/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date