

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137488

FILED
Jul 05, 2006
Secretary of State

Entity Name: HARTFORD HEALTH SERVICES, INC.

Current Principal Place of Business:

619 S.W. BAYA DRIVE SUITE # 3
103
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

619 S.W. BAYA DRIVE SIUTE # 3
103
LAKE CITY, FL 32025 US

New Mailing Address:

619 S.W. BAYA DRIVE
103
LAKE CITY, FL 32025 US

FEI Number: 20-3612660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MARISOL
143 SW RED MAPLE WAY
LAKE CITY, FL 32024 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: GONZALEZ, MARISOL
Address: 143 SW RED MAPLE WAY
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARISOL GONZALEZ

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07/05/2006

Electronic Signature of Signing Officer or Director

Date