

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137488

FILED  
Apr 23, 2007  
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

## Current Mailing Address:

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

## New Principal Place of Business:

426 NO. 3RD STREET  
A  
LEESBURG, FL 34748 US

## New Mailing Address:

426 NO. 3RD STREET  
A  
LEESBURG, FL 34748 US

FEI Number: 20-3612660

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RIVAS, CLARA E  
426 N. 3RD ST., STE. A  
LEESBURG, FL 34788 US

## Name and Address of New Registered Agent:

RIVAS, CLARA E  
426 N. 3RD ST., STE. A  
LEESBURG, FL 34748 US

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: CLARA E. RIVAS

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HISGEN, LISETTE  
Address: 426 N. 3RD ST., STE. A  
City-St-Zip: LEESBURG, FL 34788

Title: VSD ( ) Delete  
Name: RIVAS, CLARA E  
Address: 426 N. 3RD ST., STE. A  
City-St-Zip: LEESBURG, FL 34788

Title: TD ( ) Delete  
Name: RAAD, JORGE L  
Address: 426 N. 3RD ST., STE. A  
City-St-Zip: LEESBURG, FL 34788

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HISGEN, LISETTE  
Address: 426 N. 3RD ST., STE. A  
City-St-Zip: LEESBURG, FL 34748

Title: VSD (X) Change ( ) Addition  
Name: RIVAS, CLARA E  
Address: 426 N. 3RD ST., STE. A  
City-St-Zip: LEESBURG, FL 34748

Title: TD (X) Change ( ) Addition  
Name: RAAD, JORGE L  
Address: 426 N. 3RD ST., STE. A  
City-St-Zip: LEESBURG, FL 34748

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: CLARA E. RIVAS

VSD

04/23/2007

Electronic Signature of Signing Officer or Director

Date