2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P05000137488

Entity Name: HARTFORD HEALTH SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

620 S. LAKE STREEET
SUITE 3
LEESBURG, FL 34748 US

Current Mailing Address:

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

New Mailing Address:

620 S. LAKE STREEET
SUITE 3
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 34748 US

Name and Address of New Registered Agent:

RIVAS, CLARA E
620 S LAKE STREET
SUITE 3
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: _____ 04/29/2008
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 34748

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HISGEN, LISETTE
Address: 620 S LAKE STREET #3
City-St-Zip: LEESBURG, FL 34748

Title: VSD (X) Change ( ) Addition
Name: RIVAS, CLARA E
Address: 620 S. LAKE STREET #3
City-St-Zip: LEESBURG, FL 34748

Title: TD (X) Change ( ) Addition
Name: RAAD, JORGE L
Address: 620 S LAKE STREET #3
City-St-Zip: LEESBURG, FL 34748

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: CLARA E RIVAS MS 04/29/2008
Electronic Signature of Signing Officer or Director — Date