

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90178 015 \*\*\*150.00

<b>DOCUMENT # P06000024926</b> 1. Entity Name <b>US HCP MANAGEMENT COMPANY</b>					
Principal Place of Business <b>555 SW 12TH AVE STE. 120 POMPANO BEACH, FL 33069</b>			Mailing Address <b>555 SW 12TH AVE SUITE 120 POMPANO BEACH, FL 33069</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>54-2195651</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEGEL, LARRY 800 W CYPRESS CREEK ROAD, SUITE 470 FT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name <b>LEGEL, LARRY</b> Street Address (P.O. Box Number is Not Acceptable)  <b>800 W. CYPRESS CREEK ROAD, SUITE 465</b> City <b>FT. LAUDERDALE, FL</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>Larry Legel</i></u> <span style="float: right;">4.29.8</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTRU KNASTER, HOWARD 55 SW 12TH AVE STE. 120 POMPANO BEACH, FL 33069</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Howard Knaster</u> <b>HOWARD KNASTER</b> <i>Dir</i> 4.29.8 954 9938900</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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