2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000020857

Entity Name: HEALTH CARE SPECIALISTS OF AMERICA, INC.

FILED Feb 08, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2301 SW WYNNEWOOD STREET 2707 QUENTIN AVENUE SE PORT ST. LUCIE, FL 34953 PALM BAY, FL 32909

Current Mailing Address: New Mailing Address:

2301 SW WYNNEWOOD STREET 2707 QUENTIN AVENUE SE PORT ST. LUCIE, FL 34953 PALM BAY, FL 32909

FEI Number: 20-8451230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RADSZUWEIT, ILENE
2301 SW WYNNEWOOD STREET
PORT ST. LUCIE, FL 34953 US

RADSZUWEIT, ILENE
2707 QUENTIN AVENUE SE
PALM BAY, FL 32909 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: 02/08/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES

 Name:
 RADSZUWEIT, ILENE

 Address:
 2707 QUENTIN AVENUE SE

 City-St-Zip:
 PALM BAY, FL 32909

Title: TRES

 Name:
 RADSZUWEIT, ILENE

 Address:
 2707 QUENTIN AVENUE SE

 City-St-Zip:
 PALM BAY, FL 32909

Title: SECT

 Name:
 RADSZUWEIT, ILENE

 Address:
 2707 QUENTIN AVENUE SE

 City-St-Zip:
 PALM BAY, FL 32909

Title: DIR

 Name:
 RADSZUWEIT, ILENE

 Address:
 2707 QUENTIN AVENUE SE

 City-St-Zip:
 PALM BAY, FL 32909

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: ILENE RADSZUWEIT PRES 02/08/2010