

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000058903

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** HEALTHCARE RETAIL PARTNERS, INC.

**Current Principal Place of Business:**

1142 CELEBRATION BLVD  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

1142 CELEBRATION BLVD  
CELEBRATION, FL 34747

**New Mailing Address:**

**FEI Number:** 26-0256060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEARLMAN & PEARLMAN LLC  
200 SOUTH PARK DRIVE  
SUITE 150  
HOLLYWOOD, FL 33021 US

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

ZIES WIDERMANN MALEK  
1990 WEST NEW HAVEN AVE  
SUITE 201  
MELBOURNE, FL 32904 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: SCOTT WIDERMANN

03/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: PAQUIN, ANTHONY  
Address: 1142 CELEBRATION BLVD  
City-St-Zip: CELEBRATION, FL 34747

Title: MR  
Name: PAQUIN, GARY  
Address: 1142 CELEBRATION BLVD  
City-St-Zip: CELEBRATION, FL 34747

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: ANTHONY PAQUIN

CEO

03/17/2011

Electronic Signature of Signing Officer or Director

Date