2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2011
Secretary of State

DOCUMENT# P07000090337

Entity Name: HEALTHCARE INTERVENTIONS, INC.

Current Principal Place of Business:

9709 COBBLESTONE CREEK DRIVE
BOYNTON BEACH, FL 33472

New Principal Place of Business:

14000 MILITARY TRAIL
SUITE 206A
DELRAY BEACH, FL 33484

Current Mailing Address:

9709 COBBLESTONE CREEK DRIVE
BOYNTON BEACH, FL 33472

New Mailing Address:

14000 MILITARY TRAIL
SUITE 206A
DELRAY BEACH, FL 33484

FEI Number: 65-1315592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ADANIEL, JESUS S
9709 COBBLESTONE CREEK DRIVE
BOYNTON BEACH, FL 33472 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ADANIEL, JESUS S
Address: 9709 COBBLESTONE CREEK DRIVE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: STD
Name: ADANIEL, AMY
Address: 9709 COBBLESTONE CREEK DRIVE
City-St-Zip: BOYNTON BEACH, FL 33472

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: AMY ADANIEL VP 03/09/2011

Electronic Signature of Signing Officer or Director — Date