2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2010
Secretary of State

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Entity Name: HEALTHCARE PROVIDER AUDIT AND REIMBURSEMENT SERVICES, INC.

Current Principal Place of Business:

1216 FOXMEADOW TRAIL
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

1216 FOXMEADOW TRAIL
MIDDLEBURG, FL 32068 US

New Mailing Address:

FEI Number: 61-1545377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES
Name: WESTMORELAND, MARILYN B
Address: 1216 FOXMEADOW TRAIL
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: TRES
Name: WESTMORELAND, MARILYN B
Address: 1216 FOXMEADOW TRAIL
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: SECT
Name: WESTMORELAND, MARILYN B
Address: 1216 FOXMEADOW TRAIL
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: DIR
Name: WESTMORELAND, JOHN D
Address: 14441 VASHONS WAY
City-St-Zip: WINTER GARDEN, FL 34787 US

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: M. A. WESTMORELAND PRES 03/31/2010

Electronic Signature of Signing Officer or Director Date