2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# P07000119027

Entity Name: HEALTH CARE FACILITY DESIGN, INC.

Current Principal Place of Business:

33 SE 7TH STREET
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 934762
MARGATE, FL 33093

New Mailing Address:

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

Name and Address of Current Registered Agent:

BE DESIGN ASSOCIATES, INC
33 SE 7TH STREET
BOCA RATON, FL 33432 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: P, ( ) Delete
Name: THE DARY ORGANIZATIO, N, INC.
Address: P. O. BOX 934762
City-St-Zip: MARGATE, FL 33093

Title: VP,D (X) Delete
Name: DIBERARDINIS, THOMAS S
Address: P. O. BOX 934762
City-St-Zip: MARGATE, FL 33093

Title: VP ( ) Delete
Name: BE DESIGN ASSOCIATES, , INC
Address: 33 SE 7TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: VP (X) Delete
Name: MDT ARCHITECTURE LC,
Address: 7210 WINDY PRESERVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAUL H BACH P D 04/25/2008

Electronic Signature of Signing Officer or Director Date