

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083335

FILED
Jan 20, 2009
Secretary of State

Entity Name: NATIONAL HEALTHCARE BROKERS, INC.

Current Principal Place of Business:

7240 SW 58TH STREET
MIAMI, FL 33143 US

New Principal Place of Business:

7925 NW 12TH ST
STE. 321
MIAMI, FL 33126 US

Current Mailing Address:

7240 SW 58TH STREET
MIAMI, FL 33143 US

New Mailing Address:

7925 NW 12TH ST
STE. 321
MIAMI, FL 33126 US

FEI Number: 26-3329670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOAR, LACY K
2060 DARTMOUTH AVE N
ST PETERSBURG, FL 33713 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, D () Delete
Name: CASTILLO, MARTHA C
Address: 10034 SW 163RD COURT
City-St-Zip: MIAMI, FL 33196 US

Title: S, D () Delete
Name: LOAR, LACY K
Address: 2060 DARTMOUTH AVE N
City-St-Zip: ST PETERSBURG, FL 33713 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LACY LOAR

S/D

01/20/2009

Electronic Signature of Signing Officer or Director

Date