2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000028554

Entity Name: HEALTHCARE RESOURCE DEVELOPMENT, INC.

FILED Mar 10, 2011 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
37848 BOUGAINVILLEA DADE CITY, FL 33525	AVE.			
Current Mailing Address:		New Mailing Address:		
37848 BOUGAINVILLEA DADE CITY, FL 33525	AVE.			
FEI Number: 27-0204587	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
HERNANDEZ, DAVID A 37848 BOUGAINVILLEA DADE CITY, FL 33525				
The above named entity n the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ont .	Date	

Title:

HERNANDEZ, DAVID A PHD Name: 37848 BOUGAINVILLEA AVE. Address: City-St-Zip: DADE CITY, FL 33525

Title:

GEORGES, DAVID P Name: Address: 37848 BOUGAINVILLEA AVE. DADE CITY, FL 33525 City-St-Zip:

Title:

Name: GRAGG, RICHARD D PHD Address: 37848 BOUGAINVILLEA AVE. DADE CITY, FL 33525 City-St-Zip:

Title:

BERGMAN, ANTHONY J PHD Name: 37848 BOUGAINVILLEA AVE. Address: DADE CITY, FL 33525 City-St-Zip:

Title:

KOZLOWSKI, JEAN Name: Address: 37848 BOUGAINVILLEA AVE. DADE CITY, FL 33525 City-St-Zip:

Title:

BUCKRIDGE, THOMAS W Name: 37848 BOUGAINVILLEA AVE. Address: DADE CITY, FL 33525 City-St-Zip:

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.

03/10/2011 SIGNATURE: THOMAS W. BUCKRIDGE Τ