

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000028554

FILED
Feb 26, 2012
Secretary of State

Entity Name: HEALTHCARE RESOURCE DEVELOPMENT, INC.

Current Principal Place of Business:

37848 BOUGAINVILLEA AVE.
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

37848 BOUGAINVILLEA AVE.
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 27-0204587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

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

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

Title: S
Name: MCDEVITT, SHEILA
Address: 37848 BOUGAINVILLEA AVE.
City-St-Zip: DADE CITY, FL 33525

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: THOMAS W. BUCKRIDGE

T

02/26/2012

Electronic Signature of Signing Officer or Director

Date