# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2012**
**Secretary of State**

DOCUMENT# P09000032673

**Entity Name:** HOLTER CLINICAL OUTSOURCING CORP.

**Current Principal Place of Business:**

2444 POLK ST.
210
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2444 POLK ST. #210
210
HOLLYWOOD, FL 33020

**New Mailing Address:**

2444 POLK ST.
210
HOLLYWOOD, FL 33020

**FEI Number: 26-4655351** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPEZ, HUGO
2444 POLK ST.
210
HOLLYWOOD, FL., FL 33020 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: P
Name: LOPEZ, NYRA
Address: 2444 POLK ST. #210
City-St-Zip: HOLLYWOOD, FL 33020

Title: VP
Name: LOPEZ, HUGO E
Address: 2444 POLK ST. #210
City-St-Zip: HOLLYWOOD, FL 33020

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: HUGO LOPEZ VP 04/30/2012

Electronic Signature of Signing Officer or Director Date