

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000003258

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** HEALTH MEDICAL BENEFITS, INC.

**Current Principal Place of Business:**

807 CAROL AVENUE  
NEW SMYRNA BEACH, FL 32169 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 417  
EDGEWATER, FL 32132 US

**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:**

PATEL, MRUGESH  
807 CAROL AVENUE  
NEW SMYRNA BEACH, FL 32169 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: PSTD  
Name: PATEL, MRUGESH  
Address: 807 CAROL AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

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: MRUGESH PATEL

PRES

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date