2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000051210

Entity Name: HEALTHBRIDGE MEDICAL, INC.

FILED Aug 01, 2012 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
4424 N. LOIS AVE. STE. #4 TAMPA, FL 33614			
Current Mailing Address:		New Mailing Address:	
4424 N. LOIS AVE. STE. #4 TAMPA, FL 33614			
FEI Number: 90-0732054	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
HERNANDEZ, JOSE A 4424 N. LOIS AVE. STE. #4 TAMPA, FL 33614 US			
The above named entity s in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,
SIGNATURE:			
Electronic Signature of Registered Agent		ent	Date

OFFICERS AND DIRECTORS:

Title:

 Name:
 HERNANDEZ, JOSE A

 Address:
 4424 N. LOIS AVE., STE. #4

 City-St-Zip:
 TAMPA, FL 33614 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: JOSE A. HERNANDEZ PRES 08/01/2012