

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000079440

FILED
Apr 29, 2009
Secretary of State

Entity Name: HEALTHCARE AMERICA MEDICAL GROUP, INC.

Current Principal Place of Business:

3501 CORTEZ ROAD WEST
BRADENTON, FL 34210 US

New Principal Place of Business:

Current Mailing Address:

3501 CORTEZ ROAD WEST
BRADENTON, FL 34210 US

New Mailing Address:

FEI Number: 65-0527738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, JEFF MD
3501 CORTEZ ROAD WEST
BRADENTON, FL 34210 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: NELSON, JEFF M.D.
Address: 3304 PALMA SOLA BLVD.
City-St-Zip: BRADENTON, FL 34209 US

Title: S () Delete
Name: URRUTIA, LUIS MD
Address: 608 51 ST NW
City-St-Zip: BRADENTON, FL 34209 US

Title: P () Delete
Name: MARCIALES, WERTHER M.D.
Address: 1012 CIMARRON CIR
City-St-Zip: BRADENTON, FL 34209 US

Title: COB () Delete
Name: FISHCO, ROBERT M.D.
Address: 8007 19TH AVE DR W
City-St-Zip: BRADENTON, FL 34209

Title: T () Delete
Name: NARASIMMAN, ARUNA M.D.
Address: 7505 PALMER GLEN CIR
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. WERTHER MARCIALES

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date