2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2011
Secretary of State

DOCUMENT# P95000069788

Entity Name: HEALTHCARE SPECIALISTS, INC.

Current Principal Place of Business:

301 W BAY ST . #140
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

PO BOX 550667
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-3333860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIELDS, WILLIAM
301 W BAY STREET
JACKSONVILLE, FL 32202 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: SHIELDS, WILLIAM
Address: PO BOX 550667
City-St-Zip: JACKSONVILLE, FL 32255

Title: S
Name: SHIELDS, SUSAN
Address: PO BOX 550667
City-St-Zip: JACKSONVILLE, FL 32255

Title: V
Name: TINNEY, MARGIE
Address: PO BOX 550667
City-St-Zip: JACKSONVILLE, FL 32255

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: WILLIAM SHIELDS P 03/29/2011

Electronic Signature of Signing Officer or Director — Date