

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000077048

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** HEALTHCARE STRATEGIES GROUP, INC.

**Current Principal Place of Business:**

9200 SW 212 TERR.  
CUTLER BAY, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**

9200 SW 212 TERR.  
CUTLER BAY, FL 33189

**New Mailing Address:**

**FEI Number:** 65-0863451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BONGIOVANNI, NANCY CEO  
9200 SW 212 TERRACE  
CUTLER BAY, FL 33189 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:** CEOP  
**Name:** BONGIOVANNI, NANCY CEO  
**Address:** 9200 SW 212 TERRACE  
**City-St-Zip:** CUTLER BAY, FL 33189

**Title:** VP  
**Name:** OFRIL, TIMOTHY R  
**Address:** 9200 SW 212 TERRACE  
**City-St-Zip:** CUTLER BAY, FL 33189

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:** NANCY BONGIOVANNI

CEOP

01/06/2012

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

\_\_\_\_\_  
Date