

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000011602

FILED
Jan 10, 2012
Secretary of State

Entity Name: HEALTHCARE NATIONAL MARKETING, INC.

Current Principal Place of Business:

4613 US HWY 19
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

5211 US HWY 19
NEW PORT RICHEY, FL 34652

Current Mailing Address:

4613 US HWY 19
NEW PORT RICHEY, FL 34652

New Mailing Address:

5211 US HWY 19
NEW PORT RICHEY, FL 34652

FEI Number: 59-3555667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, TOMMIE S
4613 US HWY 19
NEW PORT RICHEY, FL 34652 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: PTD
Name: LANE, TOMMIE S
Address: 6787 COPPERFIELD DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655608

Title: SVD
Name: LANE, CHRISTINE S
Address: 6787 COPPERFIELD DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655608

Title: SECT
Name: PAULES, SHERRI F
Address: 5416 FULMAR DR
City-St-Zip: TAMPA, FL 33625

Title: BD
Name: BRENT, HATTEN
Address: 433 LSLAND CAY WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: BD
Name: TINA, GODSEY
Address: 298 CARRINGTON DR
City-St-Zip: FALLING WATERS, WV 25419

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: TOMMIE LANE

PTD

01/10/2012

Electronic Signature of Signing Officer or Director

Date