

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S99655

FILED
Apr 25, 2007
Secretary of State

Entity Name: HEALTH RESOURCES MANAGEMENT, INC.

Current Principal Place of Business:

7270 NW 12TH STREET
AIRPORT EXEC TOWER 2, PH6
MIAMI, FL 331261929

New Principal Place of Business:

Current Mailing Address:

7270 NW 12TH STREET
AIRPORT EXEC TOWER 2, PH6
MIAMI, FL 331261929

New Mailing Address:

FEI Number: 65-0333374 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ERDE, JOANNE B
MERSHON, SAWYER, JOHNSTON, DUNWODY & COLE
200 S BISCAYNE BLVD, STE 4500
MIAMI, FL 331312387 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 (X).

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROJAS-MARTY, ROSE MA, RIE
Address: 7270 NW 12TH STREET
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: MARTY, FRANCISCO W,
Address: 7270 NW 12TH STREET
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROSE MARIE R. MARTY

D

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date