2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2011
Secretary of State

DOCUMENT# V02205

Entity Name: HEALTHCARE PERFORMANCE, INC.

Current Principal Place of Business:

162 VIA TISDELLE
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

PMB #198
1177 PARK AVE. STE. 5
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number: 59-3101344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITHERS, CHARLES W
162 VIA TISDELLE
ORANGE PARK, FL 32073 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: PD
Name: KLEPPER, BRIAN R
Address: 1949 BRISTA DEMAR CIRCLE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VTSD
Name: SMITHERS, CHARLES W JR
Address: 162 VIA TIESELLE
City-St-Zip: ORANGE PARK, FL 32073

Title: D
Name: DUNCAN, PAUL
Address: 9735 SW 43RD TERR
City-St-Zip: GAINESVILLE, FL

Title: D
Name: WEIHNACHT, CONRAD
Address: 3320 O'CONNOR RD
City-St-Zip: JACKSONVILLE, FL

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: CHARLES W. SMITHERS, JR. VTSD 03/24/2011
Electronic Signature of Signing Officer or Director Date