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.

above, of on an allaciment with an other like empowered.		
SIGNATURE: RENEE-MARIE STEPHANO	COO	04/14/2013

## DOCUMENT# P10000085953

Entity Name: GLOBAL HEALTHCARE RESOURCES INC.

### **Current Principal Place of Business:**

4371 NORTHLAKE BLVD SUITE 406 PALM BEACH GARDENS, FL 33410

### **Current Mailing Address:**

4371 NORTHLAKE BLVD SUITE 406 PALM BEACH GARDENS, FL 33410 US

# FEI Number: 80-0658702

Name and Address of Current Registered Agent:

COOK, LEONARD 2011 NW. 79 AV SJO 6767 MIAMI, FL 33122 US

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.

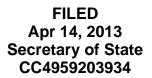
### SIGNATURE:

Electronic Signature of Registered Agent

### Officer/Director Detail :

E 406
3410

Electronic Signature of Signing Officer/Director Detail



Date

Certificate of Status Desired: No

Date