

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001786

Entity Name: HEALTHCARE HOLDINGS GROUP, INC**Current Principal Place of Business:**2385 NW EXECUTIVE CENTER DRIVE
SUITE 100
BOCA RATON, FL 33431**Current Mailing Address:**2385 NW EXECUTIVE CENTER DRIVE
SUITE 100
BOCA RATON, FL 33431**FEI Number:** 27-4589787**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TAMBASCO, LEONARD
2385 NW EXECUTIVE CENTER DR
SUITE 100
BOCA RATON, FL 33431 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_____
Date**Officer/Director Detail :**

Title	CHAIRMAN, CEO
Name	TAMBASCO, LEONARD
Address	2385 NW EXECUTIVE CENTER DRIVE SUITE 100
City-State-Zip:	BOCA RATON FL 33431

Title	DIRECTOR
Name	PEARLMAN, ROBERT
Address	2385 NW EXECUTIVE CENTER DRIVE SUITE 100
City-State-Zip:	BOCA RATON FL 33431

Title	SECRETARY, DIRECTOR
Name	TAUBMAN, LOUIS
Address	2385 NW EXECUTIVE CENTER DRIVE SUITE 100
City-State-Zip:	BOCA RATON FL 33431

Title	DIRECTOR
Name	MCGLOTHLIN, STANLEY
Address	2385 NW EXECUTIVE CENTER DRIVE SUITE 100
City-State-Zip:	BOCA RATON FL 33431

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: LEONARD TAMBASCO**PRESIDENT****03/25/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date