

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004018

FILED  
Jan 12, 2006  
Secretary of State

Entity Name: HEALTHCORP INTERNATIONAL, INC.

## Current Principal Place of Business:

701 HIGHLANDER BLVD. #500  
ARLINGTON, TX 76015

## New Principal Place of Business:

701 HIGHLANDER BLVD. #400  
ARLINGTON, TX 76015

## Current Mailing Address:

701 HIGHLANDER BLVD. #500  
ARLINGTON, TX 76015

## New Mailing Address:

701 HIGHLANDER BLVD. #400  
ARLINGTON, TX 76015

FEI Number: 75-2442690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR.  
STE. 4  
WESTON, FL 33331 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 ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: WOOD, JAMES C  
Address: 701 HIGHLANDER BLVD. #500  
City-St-Zip: ARLINGTON, TX 76015

Title: VCS ( ) Delete  
Name: MILLER, MARYANN  
Address: 701 HIGHLANDER BLVD. #500  
City-St-Zip: ARLINGTON, TX 76015

Title: DT ( ) Delete  
Name: NIX, LOIS  
Address: 701 HIGHLANDER BLVD. #500  
City-St-Zip: ARLINGTON, TX 76015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: WOOD, JAMES C  
Address: 701 HIGHLANDER BLVD. #400  
City-St-Zip: ARLINGTON, TX 76015

Title: VCS (X) Change ( ) Addition  
Name: MILLER, MARYANN  
Address: 701 HIGHLANDER BLVD. #400  
City-St-Zip: ARLINGTON, TX 76015

Title: DT (X) Change ( ) Addition  
Name: NIX, LOIS  
Address: 701 HIGHLANDER BLVD. #400  
City-St-Zip: ARLINGTON, TX 76015

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES C WOOD

CP

01/12/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date