

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004018

FILED
Jan 18, 2010
Secretary of State

Entity Name: HEALTHCORP INTERNATIONAL, INC.

Current Principal Place of Business:

701 HIGHLANDER BLVD. #400
ARLINGTON, TX 76015

New Principal Place of Business:

701 HIGHLANDER BLVD.
SUITE 400
ARLINGTON, TX 76015

Current Mailing Address:

701 HIGHLANDER BLVD. #400
ARLINGTON, TX 76015

New Mailing Address:

701 HIGHLANDER BLVD.
SUITE 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
Name: WOOD, JAMES C
Address: 701 HIGHLANDER BLVD. #400
City-St-Zip: ARLINGTON, TX 76015

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

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

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: JAMES WOOD

CP

01/18/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date