

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004018

FILED
Feb 28, 2011
Secretary of State

Entity Name: HEALTHCORP INTERNATIONAL, INC.

Current Principal Place of Business:

701 HIGHLANDER BLVD.
SUITE 400
ARLINGTON, TX 76015

New Principal Place of Business:

Current Mailing Address:

701 HIGHLANDER BLVD.
SUITE 400
ARLINGTON, TX 76015

New Mailing Address:

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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: 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

02/28/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date