

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000001158

**FILED  
Mar 09, 2016  
Secretary of State  
CC7470048619**

**Entity Name:** HEALTH CARE EXECUTIVE GROUP, INC.

**Current Principal Place of Business:**

3851 NW 124 AVE  
SUITE 2A  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3851 NW 124 AVE  
SUITE 2A  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 47-3566566

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRIGHT INFORMATION SYSTEMS LLC  
1100 NW 184 PL  
PEMBROKE PINES, FL 33029 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 P  
Name CARLETON, TOM  
Address 1766 MCLAURIN LN  
City-State-Zip: FUQUAY VARINA NC 27526

Title T  
Name HIGHTWOWER, SCOTT  
Address 9224 MISTY RIDGE DR  
City-State-Zip: CHATTANOOGA TN 37416

Title S  
Name ABDUL, DAN  
Address 6921 HOWARD LANE  
City-State-Zip: EDEN PRAIRIE MN 55346

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TOM CARLETON

**PRESIDENT**

**03/09/2016**

Electronic Signature of Signing Officer/Director Detail

Date