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State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000075721

2. Name of Corporation NATIONAL HEALTHCARE REVIEW, INC.

3. Street Address Principal Business Office:

No. and Street: 22144 CLARENDON STREET,
SUITE 270
City or Town: WOODLAND HILLS State: CA Zip: 91367 Country: USA

4. Business Phone No.

818-704-6144

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

HEALTHCARE BILLING REVIEW AUDIT SERVICES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	GEORGE KASPAREK	22144 CLARENDON ST., SUITE 270 WOODLAND HILLS, CA 91367 USA
TREASURER	GERALDINE NIELSEN	22144 CLARENDON ST., SUITE 270 WOODLAND HILLS, CA 91367 USA
SECRETARY	GERALDINE NIELSEN	22144 CLARENDON ST., SUITE 270 WOODLAND HILLS, CA 91367 USA
VICE PRESIDENT	GERALDINE NIELSEN	22144 CLARENDON ST., SUITE 270 WOODLAND HILLS, CA 91367 USA
DIRECTOR	GEORGE KASPAREK	22144 CLARENDON ST., SUITE 270 WOODLAND HILLS, CA 91367 USA
DIRECTOR	GERALDINE NIELSEN	22144 CLARENDON ST., SUITE 270 WOODLAND HILLS, CA 91367 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP	B	$0.01	5,000,000.00	1000000
CWP	A	$0.01	15,000,000.00	7333333
PNP		$0.00	5,000,000.00	0

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 17 Day of February, 2012 at 6:42:02 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By GERALDINE NIELSEN
Signature of Authorized Representative of the Corporation

VP/CFO
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07