

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 563423

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** HEALTH CARE CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

782 N.W. LEJUNE RD  
SUITE 638  
MIAMI, FL 33126 US

**New Principal Place of Business:**

1680 MICHIGAN AVENUE  
SUITE 914  
MIAMI BEACH, FL 33139 US

**Current Mailing Address:**

PO BOX 414586  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

FEI Number: 59-1805494      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SANCHEZ, ROBERTO  
782 N.W. LEJUNE RD  
#638  
MIAMI, FL 33126 US

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

SANCHEZ, ROBERTO  
1680 MICHIGAN AVENUE  
SUITE 914  
MIAMI BEACH, FL 33139 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

04/10/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: SANCHEZ, ROBERTO  
Address: 1790 BAY DR  
City-St-Zip: MIAMI BCH, FL 33141 US

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: ROBERTO SANCHEZ

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

MR

04/10/2012

\_\_\_\_\_  
Date