


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90067 030 ***211.25

DOCUMENT # 1. Entity Name Kendall Healthcare Consulting, Inc.	
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DO NOT WRITE IN THIS SPACE

44006069

2. Principal Place of Business 6330 PGA Drive Suite, Apt. #, etc.	3. Mailing Address 5330 PGA Drive Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State North Fort Myers	City & State North Fort Myers	4. FEI Number 65-1083179	Applied For Not Applicable
Zip 33917	Country Lee	Zip 33917	Country Lee
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	Kendall, Paula S.
Street Address (P.O. Box Number is Not Acceptable)	6330 PGA Drive
City	North Fort Myers FL
Zip Code	33917

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Paula S. Kendall DATE 1/27/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kendall, Paula S. 6330 PGA Drive North Fort Myers, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Paula S. Kendall DATE 1/27/04 DAYTIME PHONE # 239-995-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #