

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004012

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** KENDALL HEALTHCARE CONSULTING, INC.

**Current Principal Place of Business:**

6330 PGA DRIVE  
NORTH FORT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

6330 PGA DRIVE  
NORTH FORT MYERS, FL 33917

**New Mailing Address:**

FEI Number: 65-1083179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KENDALL, PAULA S  
6330 PGA DRIVE  
NORTH FORT MYERS, FL 33917 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KENDALL, PAULA S  
Address: 6330 PGA DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33917

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: PAULA S. KENDALL

D

01/06/2010

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

\_\_\_\_\_ Date