## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P01000004012 **DOCUMENT #**

1. Entity Name

KENDALL HEALTHCARE CONSULTING, INC.



## **FILED** Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90148 030 \*\*\*150.00

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of Business AVE 33907	2378 (	Mailing Address 2378 GORHAM AVE FT MYERS FL 33907								
ace of Business	3. Mailii	ng Address	,			) (COLISCH FIL BUIDE HIDLE OBLE BE	(1) <b>86</b> 111 <b>86</b> 111 88		11010 HBH 1001	
Suite, Apt. #, etc. Suite,			e, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
	City 8	City & State			4. FEI Number 65-1083179				Applied For Not Applicable	
Country		Zip C		untry 5		Certificate of Status Desired				
6. Name and Address of Current Registered Agent					7. N	Name and Address of New R	egistered A	gent		
1				Name	<b>-</b>					
PAULA S Rham ave		Street Addres			s (P.O. Box Number is Not Acceptable)					
S FL 33907										
	••			City			FL	Zip Cod		
ons of registered agent.						·	DATE		·	
LE NOW!!! FEE IS May 1, 2003 Fee will	\$150.00 be \$550.00					Trust Fund Contributio	n. 🗆	Added	<b>0</b> May Be i to Fees	
Ō	FFICERS AND DIRECTOR	RS	11.		AD	DDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
2378 GORHAM AVE		☐ Delete						Change	☐ Addition	
		☐ Delete	1					Change	☐ Addition	
	<u>.</u> .	☐ Delete		l l			•	☐ Change	☐ Addition	
		☐ Delete		1				Change	☐ Addition	
j		☐ Delete			_			☐ Change	☐ Addition	
		☐ Delete	CITY-S	ST-ZIP				Change	Addition	
	AVE 33907  ace of Business  f, etc.  Country  6. Name and Addre  PAULA S RHAM AVE 5 FL 33907  mamed entity submits the considered agent.  Signature, typed or printed name  LE NOW!!! FEE IS May 1, 2003 Fee will Payable to Florida D  CO  CO  XENDALL, PAULA S 2378 GORHAM AVE FT MYERS FL 3390	AVE 33907  AVE 33907  ACC 33907  ACC 33907  ACC 33907  ACC 34 Address of Current Registered  Country 2ip  6. Name and Address of Current Registered  PAULA S RHAM AVE 3 FL 33907  ACC 33907	AVE 33907  ace of Business  3. Mailing Address 4, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  PAULA S RHAM AVE 3 FL 33907  Anamed entity submits this statement for the purpose of changing its ons of registered agent.  Signature, typed or printed name of registered agent and title it applicable  (NO  LE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of State  OFFICERS AND DIRECTORS  D  KENDALL, PAULA S 2378 GORHAM AVE FT MYERS FL 33907  Delete  Delete  Delete	AVE 33907  FT MYERS PL 33907  Ace of Business  3. Mailing Address 4, etc.  Suite, Apt. #, etc.  City & State  Country  E, Name and Address of Current Registered Agent  PAULA S RHAM AVE 5 PL 33907  Bignature, typed or printed name of registered agent and title if applicable  (NOTE Registered agent.  NOTE Registered Agent  (NOTE Registered Agent)  FT MYERS PL 33907  Delete  TILE  NAME  STREET  CITY-S  TILE  TILE  NAME  STREET  CITY-S  TILE  TILE  NAME  STREET  CITY-S  TILE  TILE	Mailing Address AVE 2378 GORHAM AVE 33907  Acc of Business  3. Mailing Address 2378 GORHAM AVE FT MYERS FL 33907  Acc of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address 4. etc.  City & State  Country  City & State  Country  City & State  Country  City  Street Address Street Address Street Address Street Address City City  City	Mailing Address AVE 33907  Country  Ave City City  City	AND ADDITIONS/CHANGES TO OFF  The Control of Business AND Address 278 GORHAM AVE FT MYERS FL 33907  ACE of Business AND DIRECTORS THE Payable to Florida Department of State Payable to Florida Department of State Payable to Florida Department of State Police Payable to Florida Department of State Payable to Florida Department of Payable to Florida Department of State Payable to Florida Department of Payable to Florida Department Payable to Florida Department Payable to Florida Department Payable to Flo	of Business AVE 278 GORHAM AVE 39007  FT MYERS PL 39007  Country Zip Country 5. Certificate of Status Deared Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FL 33907  City FL  Country FL  Country 5. Certificate of Status Deared Agent 7. Name and Address of New Registered Agent 8. Name 8. Street Address (P.O. Box Number is Not Acceptable)  FL 33907  City FL  C	Address AVE 278 CORNAM AVE FLE IS \$150.00  May 1, 2003 Fee will be \$550.00  May 2, 2003 Fee will be	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: