


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

03-27-2007 90014 035 ***150.00

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DOCUMENT # P06000118806 1. Entity Name INTEGRATED HEALTH CONSULTANTS, CORP.			
Principal Place of Business 305 SOUTH FLAGLER AVENUE HOMESTEAD FL 33030 US		Mailing Address 305 SOUTH FLAGLER AVENUE HOMESTEAD FL 33030 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5551726		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLEGAS, FRANCISCO J 100 ALMERIA AVENUE SUITE 200 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	NAME QUINLAN, MARGUERITE	TITLE NAME	STREET ADDRESS CITY - ST - ZIP
	STREET ADDRESS 305 SOUTH FLAGLER AVENUE HOMESTEAD FL 33030		CITY - ST - ZIP
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SECY	NAME QUINLAN, MARGUERITE	TITLE NAME	STREET ADDRESS CITY - ST - ZIP
	STREET ADDRESS 305 SOUTH FLAGLER AVENUE HOMESTEAD FL 33030		CITY - ST - ZIP
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DIR	NAME QUINLAN, MARGUERITE	TITLE NAME	STREET ADDRESS CITY - ST - ZIP
	STREET ADDRESS 305 SOUTH FLAGLER AVENUE HOMESTEAD FL 33030		CITY - ST - ZIP
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Marguerite Quinlan</i>		Date: 2-22-07 Daytime Phone #: 305-586-6684	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	