

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90027 023 ***150.00

DOCUMENT # P99000052603

1. Entity Name
HEALTH INFORMATION CONSULTANT, INC.



Principal Place of Business

**3300 N. STATE RD 7
BOX C243
HOLLYWOOD, FL 33021**

Mailing Address

**3300 N. STATE RD 7
BOX C243
HOLLYWOOD, FL 33021**

50008978

2. Principal Place of Business

3200 PALM TRACE LANDINGS DR

3. Mailing Address

3200 PALM TRACE LANDINGS DR

Suite, Apt. #, etc.

916

Suite, Apt. #, etc.

#916

City & State

DAVIE, FL 33314

City & State

DAVIE, FL

Zip

33314

Country

USA

Zip

33314

Country

USA

01142005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0926406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGRATH, CAROL M
3300 N STATE RD 7 BOX C243
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name
MCGRATH, CAROL M

Street Address (P.O. Box Number is Not Acceptable)
3200 PALM TRACE LANDINGS DR

#916

City
DAVIE

FL

Zip Code
33314

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MCGRATH, CAROL M**
STREET ADDRESS **3300 N STATE RD 7 BOX C243**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **MCGRATH, CAROL M**
STREET ADDRESS **3200 PALM TRACE LANDINGS DR #916**
CITY-ST-ZIP **DAVIE, FL 33314**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

*SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/05 (954) 587-9298