


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P99000106720 1. Entity Name AGUILERA AND ASSOCIATES HEALTHCARE CONSULTANTS INC. |  |
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| Principal Place of Business 151 CRANDON BOULEVARD, #442 KEY BISCAYNE, FL 33149 | Mailing Address 151 CRANDON BOULEVARD, #442 KEY BISCAYNE, FL 33149 |
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01232008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 58-2516203 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent AGUILERA, LOURDES M 151 CRANDON BOULEVARD, #442 KEY BISCAYNE, FL 33149 |
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**DO NOT WRITE
IN THIS SPACE**

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 N/A (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | UN000000021605 02/19/08-30033-023 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P AGUILERA, LOURDES 151 CRANDON BLVD #442 KEY BISCAYNE, FL 33149 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Loures Aguilera 2/6/08 (305) 978-7409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #