

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106720

**FILED**  
**Feb 27, 2010**  
**Secretary of State**

**Entity Name:** AGUILERA AND ASSOCIATES HEALTHCARE CONSULTANTS INC.

**Current Principal Place of Business:**

151 CRANDON BOULEVARD, #442  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

151 CRANDON BOULEVARD, #442  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 58-2516203

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AGUILERA, LOURDES M  
151 CRANDON BOULEVARD, #442  
KEY BISCAYNE, FL 33149 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: P  
Name: AGUILERA, LOURDES  
Address: 151 CRANDON BLVD #442  
City-St-Zip: KEY BISCAYNE, FL 33149

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: LOURDES AGUILERA

PRES

02/27/2010

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

\_\_\_\_\_ Date