FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060568 (9)

1. Corporation Name

HEALTHCARE CONSULTING, INC.

Principal Place of Business
9365 U.S. 19 NORTH, SUITE C
PINELLAS PARK FL 34666

Mailing Address
9365 U.S. 19 NORTH, SUITE C
PINELLAS PARK FL 34666

3. Date Incorporated or Qualified: 08/07/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 6519 Central Ave
Suite, Apt #, etc.
27
City & State
28 St. Petersburg, FL
Zip
29 33710-8412
Country
30 Pinellas

4. FEI Number: 59-3330466 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PICCIANO, JOHN
9365 U.S. 19 NORTH, SUITE C
PINELLAS PARK FL 34666

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☑ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	PICCIANO, JOHN		1.2 NAME	Picciano, John	
STREET ADDRESS	9365 U.S. 19 NORTH, SUITE C		1.3 STREET ADDRESS	9365 US 19 N Suite C	
CITY-ST-ZIP	PINELLAS PARK FL 34666		1.4 CITY-ST-ZIP	Pinellas Park, FL 34666	
TITLE		☐ DELETE	2.1 TITLE	Vice-President	☐ Change ☑ Addition
NAME			2.2 NAME	Mack, Sedric	
STREET ADDRESS			2.3 STREET ADDRESS	9667 62nd Ave N	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	St. Petersburg, FL 33708	
TITLE		☐ DELETE	3.1 TITLE	Sec/Tr	☐ Change ☑ Addition
NAME			3.2 NAME	Williams, William	
STREET ADDRESS			3.3 STREET ADDRESS	12478 Windtree Blvd	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Seminole, FL 34642	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Williams Sec/Tr — 2/28/97 — (813) 347-0242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William Williams Sec/Tr