

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 563423

FILED  
Apr 04, 2005  
Secretary of State

**Entity Name:** HEALTH CARE CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

780 N.W. LEJUNE RD  
SUITE 616  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

780 N.W. LEJUNE RD  
SUITE 616  
MIAMI, FL 33126 US

**New Mailing Address:**

**FEI Number:** 59-1805494      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SANCHEZ, ROBERTO  
780 N.W. LEJUNE RD  
#616  
MIAMI, FL 33126 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: PST ( ) Delete  
Name: SANCHEZ, ROBERTO,  
Address: 1790 BAY DR  
City-St-Zip: MIAMI BCH., FL 00000, FL 33141 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERTO SANCHEZ

MR

04/04/2005

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

\_\_\_\_\_ Date