

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 563423

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

**Current Principal Place of Business:**

1680 MICHIGAN AVENUE  
SUITE 914  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

PO BOX 414586  
MIAMI BEACH, FL 33141 US

**FEI Number: 59-1805494**

**Certificate of Status Desired: No**

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

SANCHEZ, ROBERTO  
1680 MICHIGAN AVENUE  
SUITE 914  
MIAMI BEACH, FL 33139 US

*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

**Officer/Director Detail :**

Title PST  
Name SANCHEZ, ROBERTO  
Address 1790 BAY DR  
City-State-Zip: MIAMI BCH FL 33141

*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: ROBERTO SANCHEZ**

**PRESIDENT**

**02/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date