

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000004012

**Entity Name:** KENDALL HEALTHCARE CONSULTING, INC.

**Current Principal Place of Business:**

12429 CHRASFELD CHASE  
FORT MYERS, FL 33913

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC3408283710**

**Current Mailing Address:**

12429 CHRASFELD CHASE  
FORT MYERS, FL 33913 US

**FEI Number: 65-1083179**

**Certificate of Status Desired: No**

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

KENDALL, PAULA S  
12429 CHRASFELD CHASE  
FORT MYERS, FL 33913 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            P  
Name            KENDALL, PAULA S  
Address        12429 CHRASFELD CHASE  
City-State-Zip: FORT MYERS FL 33913

*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: PAULA S. KENDALL**

**PRESIDENT**

**01/13/2015**

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

\_\_\_\_\_  
Date