

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 563423

FILED
Apr 21, 2003
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. DEJUNE RD
#616
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

SANCHEZ, ROBERTO
780 N.W. LEJUNE RD
#616
MIAMI, FL 33126 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

04/21/2003

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,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: SANCHEZ, ROBERTO,
Address: 1790 BAY DR
City-St-Zip: MIAMI BCH., FL 00000, FL 33141 US

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

04/21/2003

Electronic Signature of Signing Officer or Director

Date