


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90061 002 ***150.00

DOCUMENT # 834870 1. Entity Name NATIONAL HEALTH CONSULTANTS	
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Principal Place of Business P O BOX 144536 CORAL GABLES, FL 33114-4536 US	Mailing Address 153 SEVILLA AVE CORAL GABLES, FL 33134 US
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40041144

2. Principal Place of Business - No P.O. Box # 2128 NE 63RD STREET Suite, Apt. #, etc.	3. Mailing Address 2128 NE 63RD STREET Suite, Apt. #, etc.
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03192007 Chg-P CR2E034 (12/06)

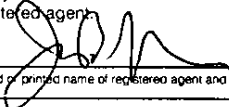
City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
Zip 33308	Country USA

4. FEI Number 59-1607377	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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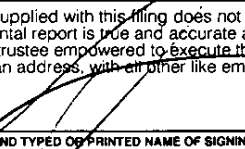
6. Name and Address of Current Registered Agent M.J.F REGISTERED AGENT CORP. 153 SEVILLA AVE CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name JOHN B. GALLAGHER Street Address (P.O. Box Number is Not Acceptable) 2128 NE 63RD STREET City FORT LAUDERDALE, FL Zip Code 33308	
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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 3/21/07 (NOTE: Registered Agent signature required when reinstating)	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NESSLEIN, DAVID A. P O BOX 144536 CORAL GABLES, FL 331144536 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NESSLEIN, DAVID A. 2128 NE 63RD STREET FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VAZQUEZ, SANDRA P O BOX 144536 CORAL GABLES, FL 331144536 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUFAY, SANDRA 2128 NE 63RD STREET FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered. SIGNATURE:  DATE: 3/21/07 Daytime Phone #	
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