

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000001622

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** HEALTH LAW CONSULTANTS, INC.

**Current Principal Place of Business:**

711 S. CARSON ST., STE. 4  
CARSON CITY, NV 89701

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 880549  
BOCA RATON, FL 33488

**New Mailing Address:**

**FEI Number:** 45-0467904

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVERMAN, FW  
22260 MORNING GLORY TERRACE  
BOCA RATON, FL 33433 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:** PSC  
**Name:** SILVERMAN, FREDERICK W  
**Address:** PO BOX 880549  
**City-St-Zip:** BOCA RATON, FL 33488

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:** FREDERICK SILVERMAN MD

DR.

02/15/2010

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

\_\_\_\_\_  
Date