

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003933

FILED  
Mar 03, 2006  
Secretary of State

Entity Name: HEALTHCARE TECHNOLOGY CONSULTING, INC.

## Current Principal Place of Business:

4809 EHRLICH RD, STE 105  
TAMPA, FL 33624

## New Principal Place of Business:

19046 BRUCE B DOWNS BLVD  
189  
TAMPA, FL 33647

## Current Mailing Address:

4809 EHRLICH RD, STE 105  
TAMPA, FL 33624

## New Mailing Address:

19046 BRUCE B DOWNS BLVD  
189  
TAMPA, FL 33647

FEI Number: 03-0417343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIENAST, CURT  
4809 EHRLICH RD, STE 105  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

KIENAST, CURT  
19046 BRUCE B DOWNS BLVD  
189  
TAMPA, FL 33647 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: CURT KIENAST

03/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: O ( ) Delete  
Name: KIENAST, SHIRLEY  
Address: 4809 EHRLICH RD, STE 105  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: KIENAST, CURT  
Address: 4809 EHRLICH RD, STE 105  
City-St-Zip: TAMPA, FL 33624

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition  
Name: KIENAST, SHIRLEY  
Address: 19046 BRUCE B DOWNS BLVD  
City-St-Zip: TAMPA, FL 3347

Title: D (X) Change ( ) Addition  
Name: KIENAST, CURT  
Address: 19046 BRUCE B DOWNS BLVD  
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CURT KIENAST

D

03/03/2006

Electronic Signature of Signing Officer or Director

Date