

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000006258

1. Entity Name
HEALTHPRO CONSULTING, INC.



Principal Place of Business
**6615 W. BOYNTON BEACH BLVD. #312
BOYNTON BEACH, FL 33437**

Mailing Address
**6615 W. BOYNTON BEACH BLVD.
#117
BOYNTON BEACH, FL 33437**



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1213160

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOHNEN, GARY R
6615 W. BOYNTON BEACH BLVD. #312
BOYNTON BEACH, FL 33437**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000474670
04/04/06-80029-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
BOHNEN, RONDA K
6615 W. BOYNTON BEACH BLVD. #312
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSDT
BOHNEN, GARY R
6615 W. BOYNTON BEACH BLVD. #312
BOYNTON BEACH, FL 33437**

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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, trustee or empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**GARY R. BOHNEN
3/14/06 305-542-5437**