

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G31991

FILED
Apr 06, 2009
Secretary of State

Entity Name: HEALTHCARE COUNSEL, P.A.

Current Principal Place of Business:

4601 W. FLINT STREET
CHANDLER, AZ 85226 US

New Principal Place of Business:

Current Mailing Address:

4601 W. FLINT STREET
CHANDLER, AZ 85226 US

New Mailing Address:

FEI Number: 59-2280503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLYNDER, MARILYN
10521 S.W. 113 PLACE
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

SAMUELS, EUGENE P
7777 S.W. 86 STREET
F1-213
MIAMI, FL 33143 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: EUGENE P SAMUELS

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: SAMUELS, EUGENE P.,
Address: 4601 W. FLINT STREET
City-St-Zip: CHANDLER, AZ 85226 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EUGENE P SAMUELS

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date