FILED
Feb 10, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G97463

1. Entity Name
HEALTH PROVIDER CONSULTANTS, INC.

Principal Place of Business	Mailing Address
61 GREENS ROAD HOLLYWOOD, FL 33021-2811 US	61 GREENS ROAD HOLLYWOOD, FL 33021-2811 US

DO NOT WRITE IN THIS SPACE

01062005 No Chg-P CR2E084 (10/03)

4. FEI Number
59-2388508
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUDA, MONROE DDS
61 GREENS ROAD
HOLLYWOOD, FL 33021

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required in all circumstances)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUDA, MONROE DDS
STREET ADDRESS	61 GREENS ROAD
CITY-ST ZIP	HOLLYWOOD, FL
TITLE	ST
NAME	PYNE, RICHARD DR
STREET ADDRESS	3012 OAKTREE LANE
CITY-ST ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
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NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: Monroe Ruda 2-7-05 954-989-2326
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR — Date — Daytime Phone #