


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G97463</b> 1. Entity Name HEALTH PROVIDER CONSULTANTS, INC.	
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Principal Place of Business 61 GREENS ROAD HOLLYWOOD, FL 33021-2811 US	Mailing Address 61 GREENS ROAD HOLLYWOOD, FL 33021-2811 US
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**DO NOT WRITE IN THIS SPACE**

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2388508	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

RUDA, MONROE DDS  
61 GREENS ROAD  
HOLLYWOOD, FL 33021

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUDA, MONROE DDS 61 GREENS ROAD HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PYNE, RICHARD DR 3012 OAKTREE LANE HOLLYWOOD, FL 33021
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**DO NOT WRITE 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 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* DDS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-08 954-989-2326  
Date Daytime Phone #