2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2011
Secretary of State

DOCUMENT# G97463

Entity Name: HEALTH PROVIDER CONSULTANTS, INC.

Current Principal Place of Business:

61 GREENS ROAD
HOLLYWOOD, FL 330212811 US

New Principal Place of Business:

Current Mailing Address:

61 GREENS ROAD
HOLLYWOOD, FL 330212811 US

New Mailing Address:

FEI Number: 59-2388508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUDA, MONROE DDS
61 GREENS ROAD
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RUDA, MONROE DDS
Address: 61 GREENS ROAD
City-St-Zip: HOLLYWOOD, FL

Title: ST
Name: RUDA, ELAINE
Address: 61 GREENS RD
City-St-Zip: HOLLYWOOD, FL 33021 US

I hereby 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 all other like empowered.

SIGNATURE: MONROE RUDA PRES 03/29/2011

Electronic Signature of Signing Officer or Director Date