2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L00195

1. Entity Name
HEALTHCARE CONSULTANTS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
181 SABAL PALM DRIVE #101 LONGWOOD, FL 32779 US	P. O. BOX 915726 LONGWOOD, FL 32791 US

02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2960449
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEALTH CONSULTANTS PHARMACY STAFFING
181 SABAL PALM DRIVE
SUITE 101
LONGWOOD, FL 32779

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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 when reinstating)

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	DPV
NAME	MILLER, ROBERT S.
STREET ADDRESS	P.O. BOX 915726
CITY-ST-ZIP	LONGWOOD, FL 32791
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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03/02/05-80021-005 150.00

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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: Robert S Miller 2/28/05 407-682-3211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #