


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # L00195</b> 1. Entity Name <b>HEALTHCARE CONSULTANTS OF CENTRAL FLORIDA, INC.</b>	
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Principal Place of Business <b>181 SABAL PALM DRIVE #101 LONGWOOD, FL 32779 US</b>	Mailing Address <b>P. O. BOX 915726 LONGWOOD, FL 32791 US</b>
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**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2960449</b>	Applied For <input type="checkbox"/> 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

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

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 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	DPV MILLER, ROBERT S. P.O. BOX 915726 LONGWOOD, FL 32791
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02/19/08-80047-009 150.00

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:** Robert Miller **Robert Miller** 2/8/08 407-682-3211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #