

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L23473

**FILED**  
**Feb 13, 2008**  
**Secretary of State**

**Entity Name:** STOLL HEALTH CARE CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

P.O. BOX 701934  
SAINT CLOUD, FL 347701934 US

**New Principal Place of Business:**

1008 PENNSYLVANIA AVENUE  
ST. CLOUD, FL 34769 US

**Current Mailing Address:**

C/O 717 E. OAK STREET  
KISSIMMEE, FL 34744 US

**New Mailing Address:**

717 E. OAK STREET  
KISSIMMEE, FL 34744 US

**FEI Number:** 59-2980196

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STOLL, BARBARA  
1008 PENNSYLVANIA AVE.  
SAINT CLOUD, FL 34769 US

**Name and Address of New Registered Agent:**

STOLL, BARBARA  
1008 PENNSYLVANIA AVE.  
ST. CLOUD, FL 34769 US

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:

02/13/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: STOLL, SCOTT,  
Address: PO BOX 701934  
City-St-Zip: SAINT CLOUD, FL 347701934 US

Title: PD ( ) Delete  
Name: STOLL, BARBARA,  
Address: 701934  
City-St-Zip: SAINT CLOUD, FL 347701934 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: STOLL, SCOTT,  
Address: PO BOX 701934  
City-St-Zip: ST. CLOUD, FL 347701934 US

Title: PD (X) Change ( ) Addition  
Name: STOLL, BARBARA,  
Address: PO BOX 701934  
City-St-Zip: ST. CLOUD, FL 347701934 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA STOLL

PRES

02/13/2008

Electronic Signature of Signing Officer or Director

Date