

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002694

FILED
May 02, 2011
Secretary of State

Entity Name: HEALTHCARE CONSULTANT OF NORTH AMERICA, LLC

Current Principal Place of Business:

160 GREENTREE DR., STE 101
DOVER, DE 19904

New Principal Place of Business:

Current Mailing Address:

160 GREENTREE DR., STE 101
DOVER, DE 19904

New Mailing Address:

FEI Number: 26-1302534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VALDES, VIRGIL A
12905 N HOWARD AVE
TAMPA, FL 33612 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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: VALDES, VIRGIL
Address: 12905 N HOWARD AVE
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VIRGIL VALDES

MGR

05/02/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date