2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2011
Secretary of State

DOCUMENT# M67826

Entity Name: HEALTH CARE MANAGEMENT CONSULTING, INC.

Current Principal Place of Business:

9570 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

9570 REGENCY SQUARE BOULEVARD
JACKSONVILLE, FL 32225 US

Current Mailing Address:

9570 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32225 US

New Mailing Address:

9570 REGENCY SQUARE BOULEVARD
JACKSONVILLE, FL 32225 US

FEI Number: 59-2895793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARINUCCI, ANTHONY
9570 REGENCY SQ BLVD
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

BARKER, PAUL D
9570 REGENCY SQUARE BOULEVARD
JACKSONVILLE, FL 32225 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: PAUL D BARKER 04/13/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEOD
Name: CENAC, DWIGHT S
Address: 9570 REGENCY SQUARE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: PD
Name: CENAC, CONNIE C
Address: 9570 REGENCY SQUARE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D
Name: GUERRA, CHARLES
Address: 9570 REGENCY SQUARE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VD
Name: BARKER, DEBORAH L
Address: 9570 REGENCY SQUARE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32225 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: DWIGHT S CENAC CEOD 04/13/2011
Electronic Signature of Signing Officer or Director Date