2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P00000016958 1. Entity Namo HEALTHCARE ATTORNEY-CLIENT CONSULTING, INC.

FILED Jan 25, 2008 08:00 A Secretary of State

Pricopal Place of Business Moti			Mailing Address	guing Address						
980 NORTHEAST 156TH TERRACE NORTH MIAMI BEACH FL 33162			980 NORTHEAST 156TH TERRACE NORTH MIAMI BEACH FL 33162							
2 General E	lace of Business - No	BO ban #	3. Mailing Address				 			
2. Findpair race of Business - No F.O. Box #			3. Watering Actains							
Suite, Apt. #. etc.			Soite, Apt. #, esc.			1st MOORE CR2E034 (10/07)				
City & State			City & State			4. FEt Numi	^{ber} 65-0983112			pplied For lot Applicable
Zip	Country	У	Z:p	p Country		5. Certificat	e of Status Desired		\$8.75 Ad Fee Require	lditional
· · · · · · · · · · · · · · · · · · ·	6. Name and Add	ress of Current R	egistered Agent			7. Name an	d Address of New Re	egistered .	Agent	
LEVERLOCK, MARY 980 N E 156 TERRACE NORTH MIAMI BEACH FL 33162					Name					
					Street Address (P.O. Box Number is Not Acceptable)					
					City	FL Zip Code				
8. The above the obligat	named entity submits ions of registered agen	this statement for it.	the purpose of changing it	s register	ed office or registi	ered agent, or c	ots, in the State of Flo	nda. Lam	familiar with	and accept
SIGNATURE.	Signature, typed or arened nan	per of real titred ansert an	dute Lemicanio. (NO	TE Beorgine	od Agartis godun requin	act when therefore at		DATE		
				· · · · · · · · · · · · · · · · · · · ·	SOVEN TO THE TOTAL SECTION		T	- Comm		
After	ILE NOW!!! FEE !! May 1, 2008 Fee W	ill Be \$550.00	14.1.4				9. Election Campa Trust Fund Conf			.00 May Be led to Fees
Make Check	Payable to Florida	Department of								
10.		OFFICERS AND D	IRECTORS	11,		ADDITIONS	S/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 11
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LEVEROCK, MARY K			NAME CAREET ADDR		- 1	000000797390 01/29/08-80070-018 150.00				
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	MONTH WILAMI BEA	GITTE 33102								
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			-81 207							
12. Thereby o	enity that the informati	ion supplied with:	this filing does not qualify.	for the ex	xemetions contain	ed in Section 11	19. Florida Statutes 1 :	turber cert	aty that the i	information

indicated on this report or supplierrental 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.

NING OFFICER OR DIRECTOR

1/23/08

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