


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000035822
 1. Entity Name
MSR HEALTHCARE CONSULTANTS, INC.



Principal Place of Business Mailing Address
 9761 NW 58TH CT 9761 NW 58TH CT
 PARKLAND, FL 33076 PARKLAND, FL 33076

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0997812 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBIN, MICHAEL S
 9761 NW 58TH CT
 PARKLAND, FL 33076

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | P |
| NAME | RUBIN, MICHAEL S |
| STREET ADDRESS | 9761 NW 58TH CT |
| CITY- ST- ZIP | PARKLAND, FL 33076 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
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| CITY- ST- ZIP | |

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 01/27/06-80021-021 150.00

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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 another like empowered.

SIGNATURE: *Michael S. Rubin* MICHAEL S. RUBIN 1/19/06 (954) 7964844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #