# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 21, 2008**
**Secretary of State**

DOCUMENT# P00000077152

**Entity Name:** HEALTH PARTNERS CLINICAL CONSULTANTS, INC.

**Current Principal Place of Business:**

6035 BLAKEFORD DRIVE
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

6035 BLAKEFORD DRIVE
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number: 59-3665092** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

JACKSON, ROBERT B
135 W. CENTRAL BLVD., SUITE 1100
ORLANDO, FL 32819 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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: BELL, THOMAS J
Address: 6035 BLAKEFORD DR
City-St-Zip: ORLANDO, FL 34786

Title: O ( ) Delete
Name: ROSE-BENTLEY, MARY L
Address: 3125 TWISTED OAK PLACE
City-St-Zip: KISSIMMEE, FL 34744

Title: O (X) Delete
Name: BURTON, ANGELA
Address: 4909 WILLOWBROOK CIRCLE S.E.
City-St-Zip: WINTER HAVEN, FL 33884

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: THOMAS J BELL D 01/21/2008

Electronic Signature of Signing Officer or Director — Date