

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000095672

1. Entity Name
HEALTH CARE LEGAL CONSULTANTS, INC.



Principal Place of Business
**P O BOX 771774
ORLANDO, FL 32877-1774**

Mailing Address
**P O BOX 771774
ORLANDO, FL 32877-1774**



03112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3678081

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FARACE, CAROLE L
2660 MUSCATELLO ST
ORLANDO, FL 32837**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000089559
03/15/04-80097-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FARACE, CAROLE L
STREET ADDRESS	2660 MUSCATELLO ST
CITY - ST - ZIP	ORLANDO, FL 32837
TITLE	D
NAME	JOHNSON, KATHERINE D
STREET ADDRESS	1114 WANDERING OAKS DR
CITY - ST - ZIP	ORLANDO, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE:

Carole L. Farace **Carole L. Farace**

Date

3/11/04

Daytime Phone #

407 856-6949