

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90043 007 ***150.00

DOCUMENT # P00000104777

1. Entity Name
GLOBAL HEALTH CONSULTANTS, INC.



Principal Place of Business
10751 SADDLEWOOD LANE
WEST PALM BEACH, FL 33414

Mailing Address
10751 SADDLEWOOD LANE
WEST PALM BEACH, FL 33414

40016044



2. Principal Place of Business

7800 Mirage Lake Cove
Suite, Apt. #, etc.

3. Mailing Address

7800 Mirage Lake Cove
Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

59-3713228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISCINA, PETER
10751 SADDLEWOOD LANE
WEST PALM BEACH, FL 33414

7. Name and Address of New Registered Agent

Name FISCINA, Peter
Street Address (P.O. Box Number is Not Acceptable)
7800 Mirage Lake Cove
City Lake Worth FL Zip Code 33467

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, type or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 FISCINA, PETER ☐ Delete
STREET ADDRESS 10751 SADDLEWOOD LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME FISCINA, Peter ☒ Change ☐ Addition
STREET ADDRESS 7800 Mirage Lake Cove
CITY-ST-ZIP Lake Worth, FL 33467

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peter J. Fiscina