

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000108271

FILED
Mar 30, 2005
Secretary of State

Entity Name: HEALTH CARE CONSULTING AND MARKETING SERVICES INC.

Current Principal Place of Business:

PO BOX 144933
CORAL GABLES, FL 33114

New Principal Place of Business:

9431 FOUNTAINBLEU BLVD APT. 112
MIAMI, FL 33172 US

Current Mailing Address:

PO BOX 144933
CORAL GABLES, FL 33114

New Mailing Address:

9431 FOUNTAINBLEU BLVD APT. 112
MIAMI, FL 33172 US

FEI Number: 65-1064701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, ANA MARGARITA
8717 S.W. 161 AVENUE
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

ALVAREZ, ANA MARGARITA
9431 FOUNTAINBLEU BLVD APT. 112
MIAMI, FL 33172 US

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: ANA MARGARITA ALVAREZ

03/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALVAREZ, ANA MARGARITA
Address: 8717 S.W. 161 AVENUE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALVAREZ, ANA MARGARITA
Address: 9431 FOUNTAINBLEU BLVD APT. 112
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANA MARGARITA ALVAREZ

PD

03/30/2005

Electronic Signature of Signing Officer or Director

Date