

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90067 030 ***211.25

DOCUMENT #

1. Entity Name

Kendall Healthcare Consulting, Inc.



DO NOT WRITE IN THIS SPACE

44006069

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6330 PGA Drive

Suite, Apt. #, etc.

3. Mailing Address

5330 PGA Drive

Suite, Apt. #, etc.

City & State

North Fort Myers

City & State

North Fort Myers

4. FEI Number

65-1083179

Applied For

Not Applicable

Zip

33917

Country

Lee

Zip

33917

Country

Lee

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Kendall, Paula S.

Street Address (P.O. Box Number is Not Acceptable)

6330 PGA Drive

City North Fort Myers

FL

Zip Code
33917

**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

Paula S. Kendall

1/27/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Kendall, Paula S.
6330 PGA Drive
North Fort Myers, FL 33917

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Paula S. Kendall

1/27/04

239-995-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)