

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042087

FILED
Mar 16, 2007
Secretary of State

Entity Name: ROBERTS HEALTHCARE CONSULTING SERVICES, INC.

Current Principal Place of Business:

2500 WESTON ROAD
SUITE 404
FORT LAUDERDALE, FL 33331

New Principal Place of Business:

13701 SW 24TH STREET
DAVIE, FL 33325

Current Mailing Address:

2500 WESTON ROAD
SUITE 404
FORT LAUDERDALE, FL 33331

New Mailing Address:

13701 SW 24TH STREET
DAVIE, FL 33325

FEI Number: 65-1102966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGAL INFORMATION SERVICES, INC.
2500 WESTON ROAD
SUITE 404
FT. LAUDERDALE, FL 33326 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: ROBERTS, SHARON
Address: 13701 SOUTHWEST 24 STREET
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: OSORIO, SERGIO
Address: 13701 SOUTHWEST 24 STREET
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: SHARON ROBERTS

D

03/16/2007

Electronic Signature of Signing Officer or Director

_____ Date