


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90100 037 ***150.00

DOCUMENT # P0100089390		
1. Entity Name RJH HEALTHCARE CONSULTANTS, INC.		

Principal Place of Business 900 SE 5TH COURT FORT LAUDERDALE, FL 33301	Mailing Address 900 SE 5TH COURT FORT LAUDERDALE, FL 33301
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40106400



2. Principal Place of Business - No P.O. Box # 517 ISLE OF PALMS DR.	3. Mailing Address 517 ISLE OF PALMS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05022007 Chg-P CR2E034 (12/06)

City & State FT. LAUDERDALE, FLORIDA	City & State FT. LAUDERDALE, FL
Zip 33301	Zip 33301
Country USA	Country USA

4. FEI Number 65-1156628	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOFFMAN, JILLIANE P ESQ. 900 S.E. 5TH COURT FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent	
Name JILLIANE P. HOFFMAN, ESQ.	
Street Address (P.O. Box Number is Not Acceptable) 517 ISLE OF PALMS DR.	
City FT. LAUDERDALE, FL	Zip Code 33301

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]* SECRETARY/TREASURER DATE 05/01/07

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP HOFFMAN, RICHARD H 900 SE 5TH CT. FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOFFMAN, JILLIANE P 900 SE 5TH CT. FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP HOFFMAN, RICHARD H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 517 ISLE OF PALMS DR. FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JILLIANE P. HOFFMAN 517 ISLE OF PALMS DR. FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SECRETARY/TREASURER 05/01/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-774-7018
954-695-4329