FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90139 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000089390

1. Entity Name
RJH HEALTHCARE CONSULTANTS, INC.

90134550

Principal Place of Business	Mailing Address
3354 GREENVIEW TERRACE MARGATE, FL 33063	3354 GREENVIEW TERRACE MARGATE, FL 33063

2. Principal Place of Business	3. Mailing Address
900 SE 5TH COURT	900 SE 5TH COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE FL
Zip: 33301 Country: BROWARD	Zip: 33301 County: BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1156628 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

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

City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: CEOP NAME: HOFFMAN, RICHARD H STREET ADDRESS: 3354 GREENVIEW TERRACE CITY-ST-ZIP: MARGATE, FL 33063	☐ Delete	RICHARD HOFFMAN 900 SE 5TH COURT FT. LAUDERDALE, FL 33301 — ☒ Change ☐ Addition
TITLE: ST NAME: HOFFMAN, JILLIANE P STREET ADDRESS: 3354 GREENVIEW TERRACE CITY-ST-ZIP: MARGATE, FL 33063	☐ Delete	JILLIANE HOFFMAN 900 SE 5TH COURT FT. LAUDERDALE, FL 33301 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

CR2E034 (10/02)

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] RICHARD HOFFMAN, PRESIDENT 4/29/03 561-312-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #