# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 30, 2009**
**Secretary of State**

DOCUMENT# P01000119803

**Entity Name:** HEALTH CARE CONSULTANTS OF FLORIDA, INC.

**Current Principal Place of Business:**

3621 SW 107TH AVENUE
MIAMI, FL 33165

**New Principal Place of Business:**

9831 NW 58TH STREET
127
DORAL, FL 33178

**Current Mailing Address:**

3621 SW 107TH AVENUE
MIAMI, FL 33165

**New Mailing Address:**

9831 NW 58TH STREET
127
DORAL, FL 33178

**FEI Number: 03-0382572** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIAZ, ANA
3621 SW 107TH AVENUE
MIAMI, FL 33165 US

**Name and Address of New Registered Agent:**

DIAZ, ANA
9831 NW 58TH STREET
127
DORAL, FL 33178 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 M DIAZ 01/30/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: DIAZ, ANA
Address: 3621 SW 107TH AVENUE
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: DIAZ, ANA
Address: 9831 NW 58TH STREET #127
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify 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: ANA DIAZ P 01/30/2009
Electronic Signature of Signing Officer or Director Date