2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077240

Entity Name: HARWOOD MEDICAL CONSULTANTS, INC.

FILED Mar 13, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5380 NORTH OCEAN DRIVE, APT. 5-J 5380 NORTH OCEAN DRIVE SINGER ISLAND, FL 33404 5-J

SINGER ISLAND, FL 33404

Current Mailing Address: New Mailing Address:

5380 NORTH OCEAN DRIVE, APT. 5-J 5380 NORTH OCEAN DRIVE SINGER ISLAND, FL 33404 5-J

SINGER ISLAND, FL 33404

FEI Number: 76-0705358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WASSERMAN, PATTI
6866 HUNTINGTON LANE
5380 NORTH OCEAN DRIVE
APT. 501
5-J
DELRAY BEACH, FL 33446 US
SINGER ISLAND, FL 33404 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: 03/13/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: I

Name: WASSERMAN, PATTI

Address: 5380 NORTH OCEAN DRIVE (#5-J) City-St-Zip: SINGER ISLAND, FL 33404

Title: VP

Name: WASSERMAN, PATTI H

Address: 5380 NORTH OCEAN DRIVE (#5-J)
City-St-Zip: SINGER ISLAND, FL 33404

Title: S

Name: WASSERMAN, PATTI H

Address: 5380 NORTH OCEAN DRIVE (#5-J) City-St-Zip: SINGER ISLAND, FL 33404

Title: T

Name: WASSERMAN, PATTI H

Address: 5380 NORTH OCEAN DRIVE (#5-J)
City-St-Zip: SINGER ISLAND, FL 33404

I hereby 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 all other like empowered.

SIGNATURE: PATTI WASSERMAN PRES 03/13/2012