

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101294

Entity Name: MJS HEALTH CONSULTANTS, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

322 WOODS LAKE DRIVE
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

597 HAVERTY COURT
SUITE 70
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3454179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALGE, MARIBETH P
322 WOODS LAKE DRIVE
COCOA, FL 32926 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: STD () Delete
Name: SALGE, JAN
Address: 322 WOODS LAKE DRIVE
City-St-Zip: COCOA, FL 32926

Title: PD () Delete
Name: SALGE, MARIBETH
Address: 322 WOODS LAKE DRIVE
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SALGE, JAN
Address: 322 WOODS LAKE DRIVE
City-St-Zip: COCOA, FL 32926

Title: P (X) Change () Addition
Name: SALGE, MARIBETH
Address: 322 WOODS LAKE DRIVE
City-St-Zip: COCOA, FL 32926

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: MARIBETH S. SALGE

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date