

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000114172

FILED
Apr 30, 2004
Secretary of State

Entity Name: CONSULTING HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

4801 S. UNIVERSITY DR.
SUITE 212
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

4801 S. UNIVERSITY DR.
SUITE 212
DAVIE, FL 33328

New Mailing Address:

FEI Number: 43-1980133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COUNEN, GERALD
2432 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

Name and Address of New Registered Agent:

GERALD E. COWEN
2432 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

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: COWEN GERALD

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LINDER, AYALA
Address: 3909 PARKSIDE LANE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AYALA LINDER

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date