

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91150 015 ***158.75

0161108 AV

DOCUMENT # P02000114172

1. Entity Name
CONSULTING HEALTHCARE SERVICES, INC.



Principal Place of Business
**3909 PARKSIDE LANE
HOLLYWOOD FL 33021**

Mailing Address
**3909 PARKSIDE LANE
HOLLYWOOD FL 33021**

2. Principal Place of Business
4801 S. University Dr

Suite, Apt. #, etc.
Suite 212

City & State
DAVIE FL

3. Mailing Address
4801 S. University Dr

Suite, Apt. #, etc.
Suite 212

City & State
DAVIE FL

Zip
33328

Country

Zip
33328

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **43-1980133**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LINDER, AYALA
3909 PARKSIDE LANE
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **GERALD E. COWEN, ESQ**

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

2432 Hollywood Blvd

City **Hollywood**

FL Zip Code **33020**

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

Gerald E Cowen Esq

GERALD E COWEN ESQ

4/30/03

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

TITLE **PD** ☐ Delete
NAME **LINDER, AYALA**
STREET ADDRESS **3909 PARKSIDE LANE**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ayala Linder **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03 954-240-0409

Date

Daytime Phone #

CR2E034 (10/02)