

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000094809

**FILED**  
**Mar 14, 2010**  
**Secretary of State**

**Entity Name:** HEALTH CARE PROFESSIONAL CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

17940 LOXAHATCHEE RIVER ROAD  
JUPITER, FL 33458

**New Principal Place of Business:**

7970 134TH STREET  
SEBASTIAN, FL 32958

**Current Mailing Address:**

PO BOX 2396  
JUPITER, FL 33468

**New Mailing Address:**

**FEI Number:** 56-2396603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SATCHER, LISA G  
8316 QUAIL MEADOW WAY  
WEST PALM BEACH, FL 33412 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: PRES  
Name: KEMMAN, JULIE A  
Address: 7970 134TH STEET  
City-St-Zip: SEBASTIAN, FL 32958

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: JULIE ANN KEMMAN

PRES

03/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date