


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90044 046 \*\*\*150.00

<b>DOCUMENT # P03000098997</b>			
1. Entity Name <b>WESTERN HEALTH CARE CONSULTANTS, INC</b>			
Principal Place of Business <b>5970 F W 18TH ST PMB-156 BOCA RATON, FL 33433</b>		Mailing Address <b>SW 18 ST.</b> <b>5970 W 18TH ST PMB-156 BOCA RATON, FL 33433</b>	
2. Principal Place of Business <b>23234 L'HERMITAGE CIRCLE S970</b>		3. Mailing Address <b>S.W. 18ST. PMB 156</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON</b>	
Zip <b>33433</b>	Country	Zip <b>33433</b>	Country
6. Name and Address of Current Registered Agent <b>PETIGROW, RICHARD B ESQ 9900 W SAMPLE RD STE 300 CORAL SPRINGS, FL 33065</b>		7. Name and Address of New Registered Agent Name <b>STEPHAN N. HANDLEY</b> Street Address (P.O. Box Number if Not Applicable) <b>23234 L'HERMITAGE CIRCLE</b> City <b>BOCA RATON FL 33433</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HANDLEY, STEPHAN N 5970 F W 18TH ST PMB 156 BOCA RATON, FL 33433</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>23234 L'HERMITAGE CIRCLE BOCA RATON, FL 33433</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #10-11B if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>STEPHAN HANDLEY</b> <b>361.591.9840</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			