2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# P04000042227

Entity Name: DAVIE HEALTHCARE CONSULTANTS INC.

Current Principal Place of Business:

6270 HAWKES BLUFF AVENUE
DAVIE, FL 33331

New Principal Place of Business:

6270 HAWKES BLUFF AVENUE
DAVIE, FL 33331 US

Current Mailing Address:

6270 HAWKES BLUFF AVENUE
DAVIE, FL 33331

New Mailing Address:

6270 HAWKES BLUFF AVENUE
DAVIE, FL 33331 US

FEI Number: 86-1101122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODSON, THOMAS E JR
6270 HAWKES BLUFF AVENUE
DAVIE, FL 33331 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: P ( ) Delete
Name: GOODSON, THOMAS E JR
Address: 6270 HAWKES BLUFF AVE
City-St-Zip: FORT LAUDERDALE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GOODSON, THOMAS E JR
Address: 6270 HAWKES BLUFF AVE
City-St-Zip: DAVIE, FL 33331 US

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: THOMAS E. GOODSON, JR. PRES 02/14/2009
Electronic Signature of Signing Officer or Director Date