

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000027178

FILED
Jan 04, 2006
Secretary of State

Entity Name: HEALTH CARE STRATEGIES CONSULTING, INC.

Current Principal Place of Business:

9355 SW 93RD PLACE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

9355 SW 93RD PLACE
MIAMI, FL 33176

New Mailing Address:

FEI Number: 20-3079107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTUN, RAFAEL
9355 SW 93RD PLACE
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

ANTUN, MAYDA
9355 SW 93RD PLACE
MIAMI, FL 33176 US

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: MAYDA ANTUN

01/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANTUN, RAFAEL
Address: 9355 SW 93RD PLACE
City-St-Zip: MIAMI, FL 33176

Title: STD () Delete
Name: ANTUN, MAYDA
Address: 9355 SW 93RD PLACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANTUN, MAYDA
Address: 9355 SW 93RD PLACE
City-St-Zip: MIAMI, FL 33176

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 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: MAYDA C. ANTUN

PD

01/04/2006

Electronic Signature of Signing Officer or Director

Date