


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90023 042 \*\*\*150.00

**DOCUMENT # P05000042882**

1. Entity Name  
**DSM HEALTHCARE CONSULTING, INC.**



Principal Place of Business  
**4106 W. EMPEDRADO ST.  
TAMPA FL 33629**

Mailing Address  
**P. O. BOX 18673  
TAMPA FL 33679**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

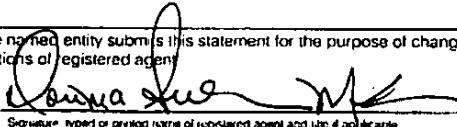
6. Name and Address of Current Registered Agent  
**SIVERIO-MINARDI, DORIMAR  
4106 W. EMPEDRADO ST.  
TAMPA FL 33629**

4. FEI Number **20-2534891**

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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

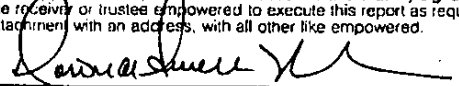
SIGNATURE  **3/23/06**  
Signature typed or printed name of registered agent and the date of application (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SIVERIO-MINARDI, DORIMAR P. O. BOX 18673 TAMPA FL 33679</b> <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 exemptions contained in Section 119, 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:  **3/23/06** **813-789-6760**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #