2008 FOR PROFIT CORPORATION

FILED Feb 25, 2008 8:00 am Secretary of State

ANNUAL REPORT
DOCUMENT # P0500063330

1. Entity Name HEALTHCARE CON SOLUTIONS, INC.				02-25-2008 9	0 0034 037	***150.	00				
Principal Place of Business		Mailing Address									
181 SABAL PALM DRIVE, S Longwood, FL 32779	181 SABAL PALM DRIVE, SUITE 101 Longwood, FL 32779										
2. Principal Place of Busines	ss - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172008	01172008 Chg-P CR2E034 (12/06)					
City & State		City & State			4. FEI Number Applied 20-2814436 Not App				plied For t Applicable		
Zip Country		Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name a		7. Name and Address of New Registered Agent									
MILLER, ROBERT S				Name .							
181 SABAL PALM DR LONGWOOD, FL 327		Street Address			(P.O. Box Number is Not Acceptable)						
				City FL Zip Code							
8. The above named entity s	submits this statement for	the purpose of changing its re	egistered	d office or regist	ered agent, or bot	h, in the State of Flo		.miliar.with,	and accept		
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 Signature, hypebox printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
After May 1, 2008	•		bution.		5.00 May Be dded to Fees						
TITLE P	OFFICERS AND I	DIRECTORS Delete	11.	10		CHANGES TO OFF		DIRECTORS Change	S IN 11		
NAME MILLER, RO		La belote	NAME	mi	ILER, K	obert S)	EQ change	Addition		
STREET ADDRESS P.O. BOX 9 CITY-ST-ZIP LONGWOO	1J726 PD, FL: 32791		STREET CITY-ST	ADDRESS DO	Box 9	15226	7100	2/	i		
TITLE		☐ Delete	TITLE	LO	ngwood	,	99.2.2	☐ Change	Addition		
NAME STREET ADDRESS			NAME STREET	I ADDRESS			•		1		
CITY-ST-ZIP			CITY-S1								
TITLE		☐ Delete	TITLE NAME				-	☐ Change	Addition		
STREET ADDRESS			STREET	T ADDRESS							
CITY-ST-ZIP TITLE		[T] Paluta	CITY-ST	ST-ZIP				Chann	- Addition		
NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP			STREET CITY-ST	FADORESS ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition		
NAME STREET ADDRESS			NAME STREET	r address					į		
CITY-ST-ZIP			CITY-\$1	ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	☐ Addition		
STREET ADDRESS	4			T ADDRESS							
	nformation supplied with	this filing does not qualify for	the exem		ed in Chapter 119	, Florida Statutes. I	further certif	y that the in	formation		
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 optisties empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an addition, with all other like empowered.											
	MAKO, AM	1.16			Í,	22/00					
SIGNATURE: JOHN WELL JAJOS 407-682-321) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Prope & Date Dayling Prope &											