

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075128

FILED
Apr 29, 2006
Secretary of State

Entity Name: HEALTH CARE SERVICES CONSULTING, INC

Current Principal Place of Business:

6721 SW 69 TERR
MIAMI, FL 33143 US

New Principal Place of Business:

16850 - 112 COLLINS AVE
SUITE 154
MIAMI, FL 33160 US

Current Mailing Address:

6721 SW 69 TERR
MIAMI, FL 33143 US

New Mailing Address:

16850 - 112 COLLINS AVE
SUITE 154
MIAMI, FL 33160 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PRADERA, HUGO
201 ATLANTIC ISLE
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

PRADERA, HUGO
16850 - 112 COLLINS AVE
SUITE 154
MIAMI, FL 33160 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: HUGO PRADERA

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRADERA, HUGO
Address: 201 ATLANTIC ISLE
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PRADERA, HUGO
Address: 16850 - 112 COLLINS AVE
City-St-Zip: MIAMI, FL 33160 US

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: HUGO PRADERA

P

04/29/2006

Electronic Signature of Signing Officer or Director

Date