2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# P05000093020

Entity Name: FLORIDA HEALTHCARE CONSULTANTS, INC.

Current Principal Place of Business:

318 INDIAN TRACE
#166
WESTON, FL 33326

New Principal Place of Business:

1440 CORAL RIDGE DRIVE
#182
CORAL SPRINGS, FL 33071

Current Mailing Address:

318 INDIAN TRACE
#166
WESTON, FL 33326

New Mailing Address:

1440 CORAL RIDGE DRIVE
#182
CORAL SPRINGS, FL 33071

FEI Number: 83-0397934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLIN, GARY D
318 INDIAN TRACE, #166
WESTON, FL 33326 US

Name and Address of New Registered Agent:

GOLIN, GARY D
1440 CORAL RIDGE DRIVE
#182
CORAL SPRINGS, FL 33071 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: GARY D GOLIN 04/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOLIN, GARY D
Address: 318 INDIAN TRACE, #166
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GOLIN, GARY D
Address: 1440 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

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: GARY GOLIN P 04/23/2007
Electronic Signature of Signing Officer or Director Date