

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000096878

Entity Name: NHS CONSULTING, INC.

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4613 N UNIVERSITY DRIVE  
SUITE 586  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

4613 N UNIVERSITY DRIVE  
SUITE 586  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

FEI Number: 20-3162243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANGNAS, RICHARD  
4613 N UNIVERSITY DR  
SUITE 586  
CORAL SPRINGS, FL 33067 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: LANGNAS, RICHARD  
Address: 4613 N UNIVERSITY DR STE 586  
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby 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 all other like empowered.

SIGNATURE: RICHARD LANGNAS

DPST

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date