2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P05000121120

Entity Name: HEALTHCARE CONSULTING & MANAGEMENT,CORP

Current Principal Place of Business:

6175 NW 153 STREET
301
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

9431 FOUNTAINEBLEAU BLVD
APT. # 112
MIAMI, FL 33172 US

Current Mailing Address:

6175 NW 153 STREET
301
MIAMI LAKES, FL 33014 US

New Mailing Address:

9431 FOUNTAINEBLEAU BLVD
APT. # 112
MIAMI, FL 33172 US

FEI Number: 20-3411811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, ANA MARGARITA
6175 NW 153 STREET
301
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

ALVAREZ, ANA M
9431 FOUNTAINEBLEAU
APT. # 112
MIAMI, FL 33172 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: ANA MARGARITA ALVAREZ 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALVAREZ, ANA MARGARITA
Address: 6175 NW 153 STREET
City-St-Zip: MIAMI LAKES, FL 33014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALVAREZ, ANA M
Address: 9431 FOUNTAINEBLEAU APT. # 112
City-St-Zip: MIAMI, FL 33172 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: ANA MARGARITA ALVAREZ P 05/01/2006
Electronic Signature of Signing Officer or Director Date