

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000143249

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** NHC HOSPITALITY CONSULTANTS & ACCOUNTANTS, INC.

**Current Principal Place of Business:**

100 EAST LINTON BLVD.  
STE 400A  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

950 PENINSULA CORPORATE CIRCLE  
STE 3020  
BOCA RATON, FL 33487

**Current Mailing Address:**

100 EAST LINTON BLVD.  
STE 400A  
DELRAY BEACH, FL 33483

**New Mailing Address:**

950 PENINSULA CORPORATE CIRCLE  
STE 3020  
BOCA RATON, FL 33487

**FEI Number:** 20-8440618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASON, JOEL  
100 EAST LINTON BLVD.  
STE 400A  
DELRAY BEACH, FL 33483 US

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

MASON, JOEL  
950 PENINSULA CORPORATE CIRCLE  
STE 3020  
BOCA RATON, FL 33487 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:

02/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MASON, JOEL  
Address: 950 PENINSULA CORPORATE CIRCLE STE 3020  
City-St-Zip: BOCA RATON, FL 33487

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: JOEL MASON

PRES

02/21/2011

Electronic Signature of Signing Officer or Director

Date