

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000053246

FILED
Apr 30, 2007
Secretary of State

Entity Name: PRESCOTT HEALTHCARE CONSULTANTS, INC

Current Principal Place of Business:

642 HANNAH PARK LANE
ST AUGUSTINE, FL 32095 US

New Principal Place of Business:

4844 CYPRESS DRIVE SOUTH
BOYNTON BEACH, FL 33436 US

Current Mailing Address:

642 HANNAH PARK LANE
ST AUGUSTINE, FL 32095 US

New Mailing Address:

4844 CYPRESS DRIVE SOUTH
BOYNTON BEACH, FL 33436 US

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

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

LEE, DEBRA A PRES
4844 CYPRESS DRIVE SOUTH
BOYNTON BEACH, FL 33436 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: DAL

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: STANISH, STACEY
Address: 642 HANNAH PARK LANE
City-St-Zip: ST. AUGUSTINE, FL 32095 US

Title: D () Delete
Name: LEE, DEBRA A
Address: 4844 CYPRESS DRIVE SOUTH
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: D (X) Delete
Name: PRESCOTT, NOREEN
Address: 4345 LAKESHORE DR
City-St-Zip: PALM HARBOR, FL 34685 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: LEE, DEBRA A
Address: 4844 CYPRESS DRIVE SOUTH
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBRA A LEE

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date