## P06000116357

(Re	questor's Name)	)
(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
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R.A. Clare C.COULLIETTE

MAY 32 2009

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Professional Health Consultants, Inc. (Name of Corporation)			
DOCUMENT NUMBER: P06 00011 6357			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
David Salazar  (Name of Contact Person)  Professional Health Consultants Inc.			
3155 N.W. 82nd Ave #202 (Address)			
Doral Florida 33122 (City/State and Zip Code)			
For further information concerning this matter, please call:			
David Salazar at (365) 753-6723 (Name of Contact Person) (Area Code & Daytime Telephone Number)			

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Professional Health Consultants In 2. The principal office address: 3155 N.w. 82nd Ave. #202
Doral, Florida 33122  3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 9-8-06 Document number: P0600116357
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
David Salazar  3127 Johnson St.
Hollywood Florida 33021
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
David Salazar  3 155 N.W. 82nd Ave. #202  (P.O. Box NOT acceptable)
(P.O. Box NOT acceptable)  Doral Florida 33122
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.  David Salazar President
(Signature of an officer or director)  I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent). (Date)
If signing on behalf of an entity:

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*