

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121954

Entity Name: NATIONAL HEALTHCARE COMPLIANCE CONSULTANTS, INC.

FILED  
Mar 11, 2008  
Secretary of State

**Current Principal Place of Business:**

6342 FOREST HILL BLVD. SUITE 205  
WEST PLAM BEACH, FL 334156104

**New Principal Place of Business:**

6342 FOREST HILL BLVD.  
SUITE 205  
WEST PLAM BEACH, FL 334156104 US

**Current Mailing Address:**

6342 FOREST HILL BLVD. SUITE 205  
WEST PLAM BEACH, FL 334156104

**New Mailing Address:**

6342 FOREST HILL BLVD.  
SUITE 205  
WEST PLAM BEACH, FL 334156104 US

FEI Number: 20-5590658

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NICOLE, LEPORE  
6342 FOREST HILL BLVD.  
SUITE 205  
WEST PALM BEACH, FL 33415 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCGUINNESS, JENNIFER  
Address: 6342 FOREST HILL BLVD. SUITE 205  
City-St-Zip: WEST PLAM BEACH, FL 334156104

Title: D ( ) Delete  
Name: LEPORE, NICOLE  
Address: 6342 FOREST HILL BLVD. SUITE 205  
City-St-Zip: WEST PLAM BEACH, FL 334156104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: NICOLE LEPORE

D

03/11/2008

Electronic Signature of Signing Officer or Director

Date