2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2010
Secretary of State

DOCUMENT# P06000121954

Entity Name: NATIONAL HEALTHCARE COMPLIANCE CONSULTANTS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

7765 LAKE WORTH ROAD
SUITE 337
LAKE WORTH, FL 33467 US

Current Mailing Address:

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

New Mailing Address:

7765 LAKE WORTH ROAD
SUITE 337
LAKE WORTH, FL 33467 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 - LEIB
6342 FOREST HILL BLVD.
SUITE 205
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

NICOLE, LEPORE - LEIB
7765 LAKE WORTH ROAD
SUITE 337
LAKE WORTH, FL 33467 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: NICOLE LEPORE - LEIB 02/13/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D
Name: MCGUINNESS, JENNIFER
Address: 7765 LAKE WORTH ROAD, SUIITE 337
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: LEPORE - LEIB, NICOLE
Address: 7765 LAKE WORTH ROAD, SUITE 337
City-St-Zip: LAKE WORTH, FL 33467

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: NICOLE LEPORE - LEIB D 02/13/2010
Electronic Signature of Signing Officer or Director Date