2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008
Secretary of State

DOCUMENT# P07000043756

Entity Name: HEALTHCARE COMPLIANCE & CONSULTING INC.

Current Principal Place of Business:

10915 NW 27TH PLACE
SUNRISE, FL 33322

New Principal Place of Business:

12104 NW 35TH PLACE
SUNRISE, FL 33323

Current Mailing Address:

10915 NW 27TH PLACE
SUNRISE, FL 33322

New Mailing Address:

12104 NW 35TH PLACE
SUNRISE, FL 33323

FEI Number: 05-0532203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KOLB, SEAN P
10915 NW 27TH PLACE
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

KOLB, SEAN P
12104 NW 35TH PLACE
SUNRISE, FL 33323 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: SEAN P KOLB 09/03/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: KOLB, SEAN P
Address: 10915 NW 27TH PLACE
City-St-Zip: SUNRISE, FL 33322

Title: VP ( ) Delete
Name: KOLB, JOSEPH F SR
Address: 2741 NW 29TH AVENUE
City-St-Zip: BOCA RATON, FL 33434

Title: SEC (X) Delete
Name: CHABATOR, PETER
Address: 826 PALM OAK DRIVE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KOLB, SEAN P
Address: 12104 NW 35TH PLACE
City-St-Zip: SUNRISE, FL 33323

Title: S (X) Change ( ) Addition
Name: CHABATOR, PETER
Address: 826 PALM OAK DRIVE
City-St-Zip: APOPKA, FL 32712

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: SEAN P KOLB P 09/03/2008
Electronic Signature of Signing Officer or Director Date