

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055838

FILED
Jan 29, 2008
Secretary of State

Entity Name: HEALTH PLAN CONSULTANTS, INC.

Current Principal Place of Business:

12355 SW 18 ST SUITE #417
MIAMI, FL 33175

New Principal Place of Business:

7107 WEST FLAGLER ST
MIAMI, FL 33144

Current Mailing Address:

12355 SW 18 ST SUITE #417
MIAMI, FL 33175

New Mailing Address:

7107 WEST FLAGLER ST
MIAMI, FL 33144

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

Name and Address of Current Registered Agent:

MORA, WILFREDO
12355 SW 18 ST SUITE #417
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

MORA, WILFREDO
7107 WEST FLAGLER ST
MIAMI, FL 33144 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: WILFREDO MORA

01/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORA, WILFREDO
Address: 12355 SW 18 ST SUITE #417
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORA, WILFREDO
Address: 7107 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33144

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: WILFREDO MORA

P

01/29/2008

Electronic Signature of Signing Officer or Director

Date