

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100565

FILED  
May 20, 2010  
Secretary of State

**Entity Name:** HEALTHCARE IT CONSULTANTS, INC.

**Current Principal Place of Business:**

2111 MERRIFIELD LN  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

2111 MERRIFIELD LN  
TALLAHASSEE, FL 32311

**New Mailing Address:**

**FEI Number:** 26-0866365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REARICK, TIMOTHY H  
2111 MERRIFIELD LN  
TALLAHASSEE, FL 32311 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

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  
Name: REARICK, TIMOTHY H  
Address: 2111 MERRIFIELD LN  
City-St-Zip: TALLAHASSEE, FL 32311 US

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:** TIMOTHY H REARICK

PRES

05/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date