

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000006594

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** URBAN HEALTHCARE CONSULTANTS INC.

**Current Principal Place of Business:**

11714 110TH TERRACE N  
SEMINOLE, FL 33778 US

**New Principal Place of Business:**

**Current Mailing Address:**

11714 110TH TERRACE N  
SEMINOLE, FL 33778 US

**New Mailing Address:**

**FEI Number:** 26-7084131

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

URBAN, PATRICIA M  
11714 110TH TERRACE N  
SEMINOLE, FL FL 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: P  
Name: URBAN, PATRICIA M  
Address: 11714 110TH TERRACE N  
City-St-Zip: SEMINOLE, FL 33778 US

Title: VP  
Name: URBAN, RICHARD B  
Address: 11714 110TH TERRACE N  
City-St-Zip: SEMINOLE, FL 33778 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:** RICHARD URBAN

VP

04/30/2010

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

\_\_\_\_\_  
Date