# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2010**
**Secretary of State**

DOCUMENT# P09000022882

**Entity Name:** ULTIMATE HEALTHCARE CONSULTING, INC.

**Current Principal Place of Business:**

815 BRIGHTWATER CIR.
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

815 BRIGHTWATER CIR.
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number: 30-0549159** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

SPRAGUE, SARA K
815 BRIGHTWATER CIR.
MAITLAND, FL 32751 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: PD
Name: SPRAGUE, SARA K
Address: 815 BRIGHTWATER CIR.
City-St-Zip: MAITLAND, FL 32751

Title: VD
Name: SPRAGUE, BETTY
Address: 815 BRIGHTWATER CIR.
City-St-Zip: MAITLAND, FL 32751

Title: S
Name: CALLIS, SHARON
Address: 608 PIPING ROCK DR.
City-St-Zip: CHESAPEAKE, VA 23322

Title: T
Name: SPRAGUE, STEVEN
Address: P. O. BOX 306
City-St-Zip: WAVERLY, VA 23890

Title: COO
Name: BLACKBURN, SANDRA
Address: 3000 HAMPDEN LANE
City-St-Zip: VIRGINIA, VA 23452

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: SARA SPRAGUE PD 04/26/2010

Electronic Signature of Signing Officer or Director Date