

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000047622

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** QUAMMEN HEALTH CARE CONSULTANTS, INC.

**Current Principal Place of Business:**

109 SOUTH MAIN STREET  
SHELBYVILLE, TN 37160 US

**New Principal Place of Business:**

17708 CR 455  
MONTVERDE, FL 34756 US

**Current Mailing Address:**

P O BOX 127  
SHELBYVILLE, TN 37162 US

**New Mailing Address:**

P.O. BOX 560070  
MONTVERDE, FL 34756 US

**FEI Number:** 27-0283527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEFKOWITZ, IVAN M  
430 N MILLS AVE  
SUITE 4  
ORLANDO, FL 32803 US

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

QUAMMEN, ROBECCA L  
17708 CR 455  
MONTVERDE, FL 34756 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:** ROBECCA QUAMMEN

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** QUAMMEN, ROBECCA L  
**Address:** 17708 CR 455  
**City-St-Zip:** MONTVERDE, FL 34756 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:** ROBECCA QUAMMEN

CEO

04/30/2011

Electronic Signature of Signing Officer or Director

Date