

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000054357

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1880 N. CONGRESS AVE., SUITE 212  
BOYNTON BCH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

1880 N. CONGRESS AVE., SUITE 212  
BOYNTON BCH, FL 33426

**New Mailing Address:**

**FEI Number:** 54-2150682

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, ERIC  
1880 N. CONGRESS AVE., SUITE 212  
BOYNTON BCH, FL 33426 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: ANDERSON, ERIC  
Address: 1880 N. CONGRESS AVE., SUITE 212  
City-St-Zip: BOYNTON BCH, FL 33426

Title: VSD  
Name: ANDERSON, JULIE  
Address: 1880 N. CONGRESS AVE., SUITE 212  
City-St-Zip: BOYNTON BCH, FL 33426

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: ERIC R. ANDERSON

MR

02/06/2012

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

\_\_\_\_\_  
Date