

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000092458

FILED  
Feb 27, 2010  
Secretary of State

**Entity Name:** ORION HEALTHCARE CONSULTING GROUP, INC.

**Current Principal Place of Business:**

1800 NW 24 AVENUE  
STE. 111  
MIAMI, FL 33125 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 NW 24 AVENUE  
STE. 111  
MIAMI, FL 33125 US

**New Mailing Address:**

**FEI Number:** 27-1263629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

REYES, NORIS  
1800 NW 24 AVENUE  
STE. 111  
MIAMI, FL 33125 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:** REYES, NORIS G  
**Address:** 1800 NW 24 AVENUE, STE. 111  
**City-St-Zip:** MIAMI, FL 33125 US

**Title:** VP/S  
**Name:** REYES, CARLOS J  
**Address:** 1800 NW 24 AVENUE, STE. 111  
**City-St-Zip:** MIAMI, FL 33125 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:** NORIS REYES

PRES

02/27/2010

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

\_\_\_\_\_  
Date