

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000052087

FILED
Apr 14, 2012
Secretary of State

Entity Name: LUCIRA HEALTHCARE CONSULTING INC.

Current Principal Place of Business:

4320 DEERWOOD LAKE PKWY., SUITE 101-124
JACKSONVILLE, FL 32216

New Principal Place of Business:

725 TORIA LN
SAINT AUGUSTINE, FL 32095

Current Mailing Address:

4320 DEERWOOD LAKE PKWY., SUITE 101-124
JACKSONVILLE, FL 32216

New Mailing Address:

725 TORIA LN
SAINT AUGUSTINE, FL 32095

FEI Number: 45-2536519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEDOROVA, LYUDMILA
4320 DEERWOOD LAKE PKWY., SUITE 101-124
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

FEDOROVA, LYUDMILA
725 TORIA LN
SAINT AUGUSTINE, FL 32095 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:

Electronic Signature of Registered Agent

04/14/2012

Date

OFFICERS AND DIRECTORS:

Title: MS
Name: FEDOROVA, LYUDMILA
Address: 725 TORIA LN
City-St-Zip: SAINT AUGUSTINE, FL 32095

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: LYUDMILA FEDOROVA

MS.

04/14/2012

Electronic Signature of Signing Officer or Director

Date