

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000096614

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** W.H. MEDICAL CONSULTANTS, INC.

**Current Principal Place of Business:**

12322 CLASSIC DRIVE  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

12322 CLASSIC DRIVE  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

**FEI Number:** 45-3772684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TELLER, STUART A ESQ.  
73020 GRIFFIN ROAD  
SUITE 216  
DAVIE, FL 33314 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:** PTSD  
**Name:** HUNDLEY, FRANCES  
**Address:** 12322 CLASSIC DRIVE  
**City-St-Zip:** CORAL SPRINGS, FL 33071 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:** FRANCES HUNDLEY

PRES

02/13/2012

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

\_\_\_\_\_  
Date