

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000039619

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA HEALTH CONSULTANTS, INC.

**Current Principal Place of Business:**

GROVE CENTER SUITE 303  
21301 POWERLINE ROAD  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

GROVE CENTER SUITE 303  
21301 POWERLINE ROAD  
BOCA RATON, FL 33433 US

**New Mailing Address:**

**FEI Number:** 65-0581566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHULMAN, STEVEN H  
2101 NW CORPORATE BLVD SUITE 300  
BOCA RATON, FL 33431 US

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

SHULMAN, STEVEN H  
1900 NW CORPORATE BLVD  
SUITE 301A  
BOCA RATON, FL 33431 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

02/28/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: PLOUGH, MAURICE D JR.  
Address: 4799 NW 26TH AVENUE  
City-St-Zip: BOCA RATON, FL 33434

Title: VPT  
Name: PLOUGH, MARGIE  
Address: 4799 NW 26TH AVENUE  
City-St-Zip: BOCA RATON, FL 33434

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: MAURICE D PLOUGH JR

PRES

02/28/2011

Electronic Signature of Signing Officer or Director

Date