

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060568 (9)

1. Corporation Name

HEALTHCARE CONSULTING, INC.



Principal Place of Business

9365 U.S. 19 NORTH, SUITE C
PINELLAS PARK FL 34666

Mailing Address

9365 U.S. 19 NORTH, SUITE C
PINELLAS PARK FL 34666

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 6519 Central Ave

22 City & State

27 St. Petersburg, FL

23 Zip Country

28 33710-8412 30 Pinellas

3. Date Incorporated or Qualified

08/07/1995

3a. Date of Last Report

4. FET Number

59-3330466

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PICCIANO, JOHN
9365 U.S. 19 NORTH, SUITE C
PINELLAS PARK FL 34666

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person filing this report on behalf of the corporation

Signature of Registered Agent (signature required when changing)

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP
2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP
6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

PSTD
PICCIANO, JOHN
9365 U.S. 19 NORTH, SUITE C
PINELLAS PARK FL 34666

☒ DELETE

President
PICCIANO, JOHN
9365 U.S. 19 N Suite C
Pinellas Park, FL 34666

☒ Change ☐ Addition

Vice-President
MACK, S. David
9667 62nd Ave N
St. Petersburg, FL 33708

☐ Change ☒ Addition

Sec/Treas
Williams, William
12428 Windtree Blvd
Seminole, FL 34642

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director
William Williams Sec/Treas

2/28/97

(813) 347-0242

CR2E034 (12/95)