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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000060568 (9)

1. Corporation Name
HEALTHCARE CONSULTING, INC.



Principal Place of Business
9385 U.S. 19 NORTH, SUITE C
PINELLAS PARK FL 34886

Mailing Address
6519 ENTRAL AVENUE
ST. PETERSBURG FL 33710
US

3. Date Incorporated or Qualified 08/07/1995
3a. Date of Last Report 02/27/1996

2. Principal Place of Business
21 6515 Central Ave

2a. Mailing Address
26 6519 Central Ave

4. FEI Number 59-3330466
Applied For Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 St Petersburg FL

City & State
27 St Petersburg FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip 33710
24 Country Pinellas

Zip 33710
29 Country Pinellas

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
PICCIANO, JOHN
9385 U.S. 19 NORTH, SUITE C
PINELLAS PARK FL 34886

10. Name and Address of New Registered Agent
81 Name Williams, William
82 Street Address (P.O. Box Number is Not Acceptable) 6519 Central Ave
83
84 City St Petersburg FL 85 Zip Code 33710

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: William Williams Sec/Tx 1/20/97
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS
TITLE PD
NAME PICCIANO, JOHN
STREET ADDRESS 9385 US19 N SUITE C
CITY-ST-ZIP PINELLAS PARK FL
TITLE V
NAME SEDRIC, MACK
STREET ADDRESS 9967 62ND AVE N
CITY-ST-ZIP ST PE
TITLE ST
NAME WILLIAMS, WILLIAM
STREET ADDRESS 12428 WINDTREE BLVD
CITY-ST-ZIP SEMINOLE FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE President
1.2 NAME Picciano, John
1.3 STREET ADDRESS 6519 Central Ave.
1.4 CITY-ST-ZIP St. Petersburg, FL 33710
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William Williams Sec/Tx 1/20/97 (813)347-0242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0624005

CR2E034 (9/96)