


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

P95000091235 1. Entity Name <b>HEALTH CARE MANAGEMENT, CONSULTING &amp; BILLING SERVICES, INC.</b>		
Principal Place of Business <b>6077 SOUTH PINE NEEDLE LANE LAKE WORTH, FL 33467</b>	Mailing Address <b>6077 SOUTH PINE NEEDLE LANE LAKE WORTH, FL 33467</b>	



03042005 000000 000000000000

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0627257</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 000000000000	

6. Name and Address of Current Registered Agent  <b>LEE, JOSEPH H 6801 LAKE WORTH ROAD SUITE 127 LAKE WORTH, FL 33467</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00** 000000000000

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSHORIN, PAUL A 6077 SOUTH PINE NEEDLE LANE LAKE WORTH, FL 33467
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**STATE COPY**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: PAUL HERSHORIN 3/7/05 561-647510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #