

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000091235**

1. Entity Name  
**HEALTH CARE MANAGEMENT, CONSULTING & BILLING  
SERVICES, INC.**



Principal Place of Business  
**6077 SOUTH PINE NEEDLE LANE  
LAKE WORTH, FL 33467**

Mailing Address  
**6077 SOUTH PINE NEEDLE LANE  
LAKE WORTH, FL 33467**



04192008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0627257**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LEE, JOSEPH H  
6801 LAKE WORTH ROAD  
SUITE 127  
LAKE WORTH, FL 33467**

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HERSHORIN, PAUL A  
6077 SOUTH PINE NEEDLE LANE  
LAKE WORTH, FL 33467**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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U00000918804  
05/13/08-80096-020 150.00

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IN THIS SPACE**

**STATE COPY**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**

**4/22/08**

**561-64-7510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #