

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000000533

Entity Name: PRIME HEALTH CONSULTANTS, INC.

FILED  
Apr 14, 2008  
Secretary of State

## Current Principal Place of Business:

3976 GROVE PARK DRIVE  
TALLAHASSEE, FL 32311 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 3208  
TALLAHASSEE, FL 323153208

## New Mailing Address:

FEI Number: 13-3641005      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ZIFFER, GIL  
3976 GROVE PARK DRIVE  
TALLAHASSEE, FL 32311 US

## Name and Address of New Registered Agent:

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution (X).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: LIFSHITZ, FIMA  
Address: 1040 ALSTON RD  
City-St-Zip: SANTA BARBARA, CA 93108

Title: D ( ) Delete  
Name: ZIFFER, JACK  
Address: 6285 S.W. 99 TERRACE  
City-St-Zip: MIAMI, FL 33156

Title: PST ( ) Delete  
Name: LIFSHITZ, JERE  
Address: 1040 ALSTON RD  
City-St-Zip: SANTA BARBARA, CA 93108

Title: D ( ) Delete  
Name: ISAAC, KARL  
Address: 9920 SE 40 STREET  
City-St-Zip: MERCER ISLAND, WA 98040

Title: D ( ) Delete  
Name: ZIFFER, GIL  
Address: 3166 BARRINGER HILL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32311

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JERE LIFSHITZ

PST

04/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date