

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000000533

Entity Name: PRIME HEALTH CONSULTANTS, INC.

FILED
Feb 11, 2009
Secretary of State

Current Principal Place of Business:

3976 GROVE PARK DRIVE
TALLAHASSEE, FL 32311 US

New Principal Place of Business:

3161 BARINGER HILL
TALLAHASSEE, FL 32311 US

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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ZIFFER, GIL
3161 BARINGER HILL
TALLAHASSEE, FL 32311 US

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:

02/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

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: D (X) Change () Addition
Name: ZIFFER, GIL
Address: 3161 BARINGER HILL
City-St-Zip: TALLAHASSEE, FL 32311

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

P

02/11/2009

Electronic Signature of Signing Officer or Director

Date