

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000000533

FILED
Jan 14, 2011
Secretary of State

Entity Name: PRIME HEALTH CONSULTANTS, INC.

Current Principal Place of Business:

3161 BARINGER HILL
TALLAHASSEE, FL 32311 US

New Principal Place of Business:

3166 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
3161 BARINGER HILL
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

ZIFFER, GIL
3166 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:

Electronic Signature of Registered Agent

01/14/2011

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: ISAAC, KARL
Address: 699 ARIMO AVE
City-St-Zip: OAKLAND, CA 94610

Title: D
Name: ZIFFER, GIL
Address: 3166 BARINGER HILL
City-St-Zip: TALLAHASSEE, FL 32311

I hereby 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 all other like empowered.

SIGNATURE: JERE LIFSHITZ

PST

01/14/2011

Electronic Signature of Signing Officer or Director

Date