

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000040287

**FILED**  
**Apr 19, 2009**  
**Secretary of State**

**Entity Name:** HEALTHCARE CONSULTANTS OF PLANTATION, INC.

**Current Principal Place of Business:**

6600 CYPRESS ROAD #504  
PLANTATION, FL 33317

**New Principal Place of Business:**

6600 CYPRESS ROAD  
APT #504  
PLANTATION, FL 33317

**Current Mailing Address:**

6600 CYPRESS ROAD #504  
PLANTATION, FL 33317

**New Mailing Address:**

6600 CYPRESS ROAD  
APT #504  
PLANTATION, FL 33317

**FEI Number:** 65-0918272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOSES, WILLIAM  
6600 CYPRESS ROAD #504  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

MOSES, WILLIAM  
6600 CYPRESS ROAD  
APT #504  
PLANTATION, FL 33317 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:**

04/19/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** MOSES, WILLIAM  
**Address:** 6600 CYPRESS RD. #504  
**City-St-Zip:** FORT LAUDERDALE, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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:** WILLIAM MOSES

P

04/19/2009

Electronic Signature of Signing Officer or Director

Date