

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90031 044 ***150.00

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1. Entity Name
HEALTH INFORMATION CONSULTANT, INC.



Principal Place of Business

3300 N. STATE RD 7
BOX C243
HOLLYWOOD, FL 33021

Mailing Address

3300 N. STATE RD 7
BOX C243
HOLLYWOOD, FL 33021

44025307



01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0926406

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCGRATH, CAROL M
~~5454 NW 90TH AVE~~ 3300 N State Rd 7
~~SUNRISE, FL 33351~~ Box C243
Hollywood, FL 33021

**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 *Carol M. McGrath* **CAROL M. MCGRATH** **3/31/04**
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME MCGRATH, CAROL M
STREET ADDRESS ~~5454 NW 90TH AVE~~ 3300 N State Rd 7
CITY-ST-ZIP ~~SUNRISE, FL 33351~~ Box C243
Hollywood, FL 33021

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carol M. McGrath* **CAROL M. MCGRATH** **3/31/04** **(954) 981-1181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #