

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000088712

1. Entity Name
RENCRIS HEALTHCARE CONSULTING, INC.



Principal Place of Business
5154 OKEECHOBEE BLVD.
STE 210
WEST PALM BEACH, FL 33417

Mailing Address
5154 OKEECHOBEE BLVD.
STE 210
WEST PALM BEACH, FL 33417

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

YECKER, COURTNEY
5154 OKEECHOBEE BLVD.
STE 201
WEST PALM BEACH, FL 33417

Name **CORY C HAMBERS**
Street Address (P.O. Box Number is Not Acceptable)
5154 OKEECHOBEE BLVD
SUITE 210
City **WEST PALM BEACH** FL Zip Code **33417**

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

- 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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, CORY S 30 MARINA VILLAGE WAY SALEM, SC 29676	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Feb 01, 2007 8:00 am
Secretary of State**

02-01-2007 90034 011 ***158.75

400000410



01102007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0955993** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent