## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000088712

Entity Name: RENCRIS HEALTHCARE CONSULTING, INC.

FILED May 30, 2003 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
5154 OKEECHOBEE BLVD. STE 210					
WEST PALM BEACH, FL 33417					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
5154 OKEECHOBEE BLVD. STE 210					
WEST PALM BEACH, FL 33417					
FEI Number:	65-0955993	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
MILLER, GINGER 5154 OKEECHOBEE BLVD. STE 201				DIRENZO, DOROTHY 5154 OKEECHOBEE BLVD. STE 201	
WEST PALM BEACH, FL 33417 US			WEST PALM BEACH,	WEST PALM BEACH, FL 33417 US	
	named entity of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: DOROTHY DIRENZO				05/30/2003	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( CHAMBERS, C 30 MARINA VII SALEM, SC 29	LAGE WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CORY S. CHAMBERS MR. 05/30/2003