

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S75964

FILED  
Sep 07, 2005  
Secretary of State

Entity Name: HEALTH CARE MANAGEMENT CONSULTANTS OF BROWARD, INC.

## Current Principal Place of Business:

C/O ALAN FRANCIS RUF  
2455 EAST SUNRISE BLVD. PENTHOUSE EAST  
FORT LAUDERDALE, FL 33304 US

## Current Mailing Address:

C/O ALAN FRANCIS RUF  
2455 EAST SUNRISE BLVD. PENTHOUSE EAST  
FORT LAUDERDALE, FL 33304 US

## New Principal Place of Business:

C/O ALAN FRANCIS RUF  
2455 EAST SUNRISE BLVD., SUITE 609  
FORT LAUDERDALE, FL 33304 US

## New Mailing Address:

C/O ALAN FRANCIS RUF  
2455 EAST SUNRISE BLVD., SUITE 609  
FORT LAUDERDALE, FL 33304 US

FEI Number: 65-0290788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAW OFFICES OF ALAN FRANCIS RUF  
2455 E. SUNRISE BLVD., SUITE 609  
FT. LAUDERDALE, FL 33304 US

## Name and Address of New Registered Agent:

LAW OFFICES OF ALAN FRANCIS RUF  
2455 E. SUNRISE BLVD.  
SUITE 609  
FT. LAUDERDALE, FL 33304 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:

09/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RUF, GEORGIA N  
Address: 2455 EAST SUNRISE BLVD., SUITE 609  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: VD ( ) Delete  
Name: RUF, ALAN F  
Address: 2455 EAST SUNRISE BLVD., SUITE 609  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GEORGIA N. RUF

PD

09/07/2005

Electronic Signature of Signing Officer or Director

Date