

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V69864

**FILED**  
**Mar 06, 2011**  
**Secretary of State**

**Entity Name:** THE HEALTHCARE CONSULTING GROUP, INC.

**Current Principal Place of Business:**

4343 SW BROOKSIDE DRIVE  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 435  
STUART, FL 34995 US

**New Mailing Address:**

**FEI Number:** 65-0359102

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAYLOR, MORGAN L. III  
4343 SW BROOKSIDE DR.  
PALM CITY, FL 34990 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: TAYLOR, MORGAN L III  
Address: PO BOX 435  
City-St-Zip: STUART, FL 34995

I hereby 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 all other like empowered.

SIGNATURE: MORGAN L TAYLOR,III

PRES

03/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date