

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000022882

Entity Name: ULTIMATE HEALTHCARE CONSULTING, INC.**Current Principal Place of Business:**2580 W. ERIE ST
CHANDLER, AZ 85224**Current Mailing Address:**2580 W. ERIE ST
CHANDLER, AZ 85224 US**FEI Number: 30-0549159****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SPRAGUE, SARA K
815 BRIGHTWATER CIR.
MAITLAND, FL 32751 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	SPRAGUE, SARA K
Address	815 BRIGHTWATER CIR.
City-State-Zip:	MAITLAND FL 32751

Title	VD
Name	SPRAGUE, BETTY
Address	815 BRIGHTWATER CIR.
City-State-Zip:	MAITLAND FL 32751

Title	S
Name	CALLIS, SHARON
Address	608 PIPING ROCK DR.
City-State-Zip:	CHESAPEAKE VA 23322

Title	T
Name	SPRAGUE, STEVEN
Address	P. O. BOX 306
City-State-Zip:	WAVERLY VA 23890

Title	COO
Name	BLACKBURN, SANDRA
Address	3000 HAMPDEN LANE
City-State-Zip:	VIRGINIA VA 23452

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: SARA SPRAGUE**PRESIDENT****03/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date