

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000022983

**Entity Name:** HEALTHED CONSULTANTS, INC.

**Current Principal Place of Business:**

5285 UMBRELLA POOL RD  
SANIBEL, FL 33957

**Current Mailing Address:**

15A RIVERVIEW AVENUE  
MASHPEE, MA 02649

**FEI Number:** 45-0644965

**Certificate of Status Desired:** Yes

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

MARC F OATES, P.A.  
5515 BRYSON DR, SUITE 502  
NAPLES, FL 34109 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 PVPS  
Name KYROS, WILLIAM P  
Address 5285 UMBRELLA POOL RD  
City-State-Zip: SANIBEL FL 33957

Title TD  
Name KYROS, WILLIAM P  
Address 5285 UMBRELLA POOL RD  
City-State-Zip: SANIBEL FL 33957

*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:** WILLIAM P. KYROS

**PRESIDENT**

**01/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date