

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000037162

**Entity Name:** HEALTHCARE CONSULTING ALLIANCE, INC.

**Current Principal Place of Business:**

7480 SW 40TH STREET  
SUITE 450  
MIAMI, FL 33155

**Current Mailing Address:**

9608 SW 3RD LANE  
MIAMI, FL 33174 US

**FEI Number:** 46-5032692

**Certificate of Status Desired:** No

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

BRUNEMAN, GUADALUPE  
9608 SW 3RD LANE  
MIAMI, FL 33174 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	P	Title	D
Name	BRUNEMAN, GUADALUPE	Name	SALVADOR, ONOFRE
Address	9608 SW 3RD LANE	Address	9608 SW 3RD LANE
City-State-Zip:	MIAMI FL 33174	City-State-Zip:	MIAMI FL 33174

*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:** ONOFRE SALVADOR

**OTHER**

**02/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date