

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000012047

Entity Name: HEALTH CARE CONSULTANTS, LLC

Current Principal Place of Business:

567 FEDERAL POINT RD
EAST PALATKA, FL 32131

Current Mailing Address:

567 FEDERAL POINT RD
EAST PALATKA, FL 32131

FEI Number: 27-4720807

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

A TAX SHELTER, INC
3704 US HWY 301 N
STE 3
ELLENTON, FL 34222 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

Authorized Person(s) Detail :

Title MGRM
Name MASTERS, RHONDA J
Address 567 FEDERAL POINT RD
City-State-Zip: EAST PALATKA FL 32131

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RHONDA J MASTERS

MGMR

04/29/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date