

**2016 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

MGRM

04/26/2016

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date