

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G31991

**Entity Name:** HEALTHCARE COUNSEL, P.A.

**Current Principal Place of Business:**

4601 W. FLINT STREET  
CHANDLER, AZ 85226

**Current Mailing Address:**

4601 W. FLINT STREET  
CHANDLER, AZ 85226 US

**FEI Number:** 59-2280503

**Certificate of Status Desired:** No

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

SAMUELS, EUGENE P  
7777 S.W. 86 STREET  
F1-213  
MIAMI, FL 33143 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 PTSD  
Name SAMUELS, EUGENE P.  
Address 4601 W. FLINT STREET  
City-State-Zip: CHANDLER AZ 85226

*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:** EUGENE P SAMUELS

PTSD

04/17/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date