

2017 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
1301 E. BROWARD BLVD.
SUITE 250
FT LAUDERDALE, FL 33301 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

PRESIDENT

02/14/2017

Electronic Signature of Signing Officer/Director Detail

Date