

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
Feb 08, 2005 8:00 am  
Secretary of State

02-08-2005 90009 026 \*\*\*150.00



**DOCUMENT # P93000018148**  
1. Entity Name  
**MEDICAL REVIEW CONSULTANTS, INC.**

Principal Place of Business 4703 WATER WITCH PT DR ORLANDO FL 32806 US	Mailing Address P O BOX 532002 ORLANDO FL 32853-002 US
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3190342</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**  
**THOMAS F. LANG**  
**14 E WASHINGTON ST**  
**ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**  
Name: **Thomas F. Lang**  
Street Address (P.O. Box Number is Not Acceptable): **1000 Legion Place**  
**Suite 1700**  
City: **Orlando** FL Zip Code: **32801**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution.  Added to Fees

**10. OFFICERS AND DIRECTORS**

T	MUMBY, ROBERT C JR	36 SOUTH HAMPTON AVE ORLANDO FL	<input type="checkbox"/> Delete
D	MUMBY, PEGGY W	4703 WATERWITCH POINTE DR ORLANDO FL 32806	<input type="checkbox"/> Delete
D	MUMBY, ROBERT C	4703 WATERWITCH POINTE DR ORLANDO FL 32806	<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete
			<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy W. Mumby Peggy W. Mumby 2/1/05 407-898-5577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #