


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90173 009 ***150.00

DOCUMENT # P93000018148 1. Entity Name MEDICAL REVIEW CONSULTANTS, INC.	
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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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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3190342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS F. LANG 1000 LEGION PLACE STE 100 ORLANDO, FL 32801

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUMBY, ROBERT C JR 36 SOUTH HAMPTON AVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUMBY, PEGGY W 4703 WATERWITCH POINTE DR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUMBY, ROBERT C 4703 WATERWITCH POINTE DR ORLANDO, FL 32806
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/9/06 407-898-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #