

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S99072

FILED
Mar 30, 2004
Secretary of State

Entity Name: MEDICAL CONSULTING SERVICES OF NORTHEAST FLORIDA, P.A.

Current Principal Place of Business:

104 S NINELAKE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

74 PLAYERS CLUB VILLAS
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

P O BOX 499
PONTE VEDRA BEACH, FL 32004 US

New Mailing Address:

FEI Number: 59-3098311 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRAWFORD, JOHN R
225 WATER STREET
SUITE 900
JACKSONVILLE, FL 32202

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOORHEAD, JOHN M.,
Address: 104 S NINE LAKE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOORHEAD, JOHN M.,
Address: 74 PLAYERS CLUB VILLAS
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN M. MOORHEAD

D

03/30/2004

Electronic Signature of Signing Officer or Director

_____ Date