

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S99072

**FILED**  
**Apr 12, 2006**  
**Secretary of State**

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

**Current Principal Place of Business:**

337 PABLO ROAD  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**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 US

**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: DR. ( ) Delete  
Name: MOORHEAD, JOHN M.,  
Address: 74 PLAYERS CLUB VILLAS  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: MOORHEAD, JOHN M.,  
Address: 337 PABLO ROAD  
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 Chapter 119, 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

DR.

04/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date