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: MUKUND AMIN

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of 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:

Officer/Director Detail :			
Title	Р	Title	V
Name	AMIN, MUKUND	Name	SHAH, ATUL
Address	3120 W HILLSBOROUGH AVE	Address	3120 W HILLSBOROUGH AVE
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000075283

Entity Name: 24/7 MEDICAL CONSULTING INC

Current Principal Place of Business:

3120 W HILLSBOROUGH AVE TAMPA, FL 33614

Current Mailing Address:

3120 W HILLSBOROUGH AVE TAMPA, FL 33614

FEI Number: 26-3232685

Name and Address of Current Registered Agent:

SHAH, ATUL 3120 W HILLSBOROUGH AVE TAMPA, FL 33614 US

FILED Apr 29, 2013 Secretary of State CC2318513865

Certificate of Status Desired: No

PRESIDENT

04/29/2013

Date

Date