

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 622448

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA MEDICOLEGAL MALPRACTICE CONSULTANTS, INC

**Current Principal Place of Business:**

2992 U.S. HWY. 98 EAST  
LANARK VILLAGE, FL 32323

**New Principal Place of Business:**

**Current Mailing Address:**

2992 U.S. HWY. 98 EAST  
P.O.BOX 703  
LANARK VILLAGE, FL 32323

**New Mailing Address:**

**FEI Number:** 59-1978145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAN CAMERIK, STEPHEN B  
2992 U.S. HWY. 98 EAST  
LANARK VILLAGE, FL 32323 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

**OFFICERS AND DIRECTORS:**

Title: PDV  
Name: VAN CAMERIK, STEPHEN B  
Address: 2992 U.S. HIGHWAY 98 EAST  
City-St-Zip: LANARK VILLAGE, FL 32323

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: STEPHEN B. VAN CAMERIK

PDV

04/21/2012

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

\_\_\_\_\_  
Date