

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004000

FILED
Apr 26, 2008
Secretary of State

Entity Name: MEDCATH CONSULTING & MANAGEMENT, INC.

Current Principal Place of Business:

10720 SIKES PLACE STE 300
CHARLOTTE, NC 28277

New Principal Place of Business:

Current Mailing Address:

10720 SIKES PLACE STE 300
CHARLOTTE, NC 28277

New Mailing Address:

FEI Number: 86-0513100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CP () Delete
Name: FRENCH, O. EDWIN
Address: 10720 SIKES PLACE STE 300
City-St-Zip: CHARLOTTE, NC 28277

Title: VCS (X) Delete
Name: HARRIS, JAMES E
Address: 10720 SIKES PLACE STE 300
City-St-Zip: CHARLOTTE, NC 28277

Title: VP () Delete
Name: FREEMAN, TOM
Address: 10720 SIKES PLACE STE 300
City-St-Zip: CHARLOTTE, NC 28277

Title: T () Delete
Name: PARKER, JAMES A
Address: 10720 SIKES PLACE STE 300
City-St-Zip: CHARLOTTE, NC 28277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES A PARKER

T

04/26/2008

Electronic Signature of Signing Officer or Director

Date