

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004830

Entity Name: MEDICAL CONSULTANTS, INC.

FILED  
Mar 27, 2012  
Secretary of State

**Current Principal Place of Business:**

3303 S. MERIDIAN AVENUE  
OKLAHOMA CITY, OK 73119

**New Principal Place of Business:**

**Current Mailing Address:**

3303 S. MERIDIAN AVENUE  
OKLAHOMA CITY, OK 73119

**New Mailing Address:**

6451 N. FEDERAL HIGHWAY  
SUITE 1000  
FORT LAUDERDALE, FL 33308

FEI Number: 73-1230653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR., SUITE A  
TALLAHASSEE, FL 32301 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: PD  
Name: SHAMON, DOUG  
Address: 6451 N. FEDERAL HIGHWAY, SUITE 1000  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: EVD  
Name: COOKE, KEN  
Address: 6451 N. FEDERAL HIGHWAY, SUITE 1000  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP  
Name: WILLIAMS, BRAD  
Address: 6451 N. FEDERAL HIGHWAY, SUITE 1000  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D  
Name: ABBRECHT, TODD  
Address: 6451 N. FEDERAL HIGHWAY, SUITE 1000  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D  
Name: SWENSON, JEFF  
Address: 6451 N. FEDERAL HIGHWAY, SUITE 1000  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D  
Name: DELAITE, ALEX  
Address: 6451 N. FEDERAL HIGHWAY, SUITE 1000  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: BRAD WILLIAMS

VP

03/27/2012

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

\_\_\_\_\_ Date