

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J55177

FILED
Apr 04, 2008
Secretary of State

Entity Name: MEDICAL OFFICE CONSULTANTS, INC.

Current Principal Place of Business:

5636 HANSEL AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

8100 CHIANTI DRIVE
ORLANDO, FL 32836

Current Mailing Address:

5636 HANSEL AVENUE
ORLANDO, FL 32809

New Mailing Address:

8100 CHIANTI DRIVE
ORLANDO, FL 32836

FEI Number: 59-2770836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HITE, KELLY
5636 HANSEL AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

HITE, KELLY
8100 CHIANTI DRIVE
ORLANDO, FL 32836 US

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:

04/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HITE, KELLY,
Address: 8100 CHIANTI DRIVE
City-St-Zip: ORLANDO, FL

Title: D (X) Delete
Name: SANFORD, SCOTT A M.D.
Address: 1741 MAINSAIL ST
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KELLY HITE

D

04/04/2008

Electronic Signature of Signing Officer or Director

Date