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Mar 14, 2005 8:00 am
Secretary of State
03-14-2005 90082 001 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

400031730

DOCUMENT # J61533

1. Entity Name
MEDICAL CONSULTANTS OF AMERICA, INC.

Principal Place of Business	Mailing Address
5121 EHRLICH RD. SUITE 108A TAMPA, FL 33624	5121 EHRLICH RD. SUITE 108A TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

01252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2787581
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ACKLEY, THOMAS
5121 EHRLICH ROAD
SUITE 108A
TAMPA, FL 33624

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ACKLEY, THOMAS CHRIS
STREET ADDRESS	15201 LAKE MAURINE DR
CITY-ST-ZIP	ODESSA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas C. Ackley Thomas C Ackley 1-27-05 813-968-3878
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER PRESIDENT Date Daytime Phone #