

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J61533

**FILED**  
**Jun 30, 2009**  
**Secretary of State**

**Entity Name:** MEDICAL CONSULTANTS OF AMERICA, INC.

**Current Principal Place of Business:**

5121 EHRLICH RD.  
SUITE 108A  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

5121 EHRLICH RD.  
SUITE 108A  
TAMPA, FL 33624

**New Mailing Address:**

**FEI Number:** 59-2787581      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

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

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

ACKLEY, THOMAS CHRIS  
5121 EHRLICH ROAD  
SUITE 108A  
TAMPA, FL 33624 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: THOMAS CHRIS ACKLEY      06/30/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: ACKLEY, THOMAS CHRIS  
Address: 15201 LAKE MAURINE DR  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: THOMAS CHRIS ACKLEY      PRES      06/30/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date