

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J61533

**FILED**  
**Jan 13, 2012**  
**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:**

5121 EHRLICH RD.  
SUITE 104A  
TAMPA, FL 33624

**Current Mailing Address:**

5121 EHRLICH RD.  
SUITE 108A  
TAMPA, FL 33624

**New Mailing Address:**

5121 EHRLICH RD.  
SUITE 104A  
TAMPA, FL 33624

**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 CHRIS  
5121 EHRLICH ROAD  
SUITE 108A  
TAMPA, FL 33624 US

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

ACKLEY, THOMAS CHRIS  
5121 EHRLICH ROAD  
SUITE 104A  
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 C. ACKLEY

01/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: THOMAS, ACKLEY C  
Address: 5121 EHRLICH RD.104-A  
City-St-Zip: TAMPA, FL 33624

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: THOMAS C. ACKLEY

P

01/13/2012

Electronic Signature of Signing Officer or Director

Date