2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2007 08:00 AM Secretary of State

| | | | | Secretary of Sta | | | |
|---|---|---|----------|---|------------|--------------------------------|--|
| DOCUMENT # K18587 1. Entity Name MEDICAL & LITIGATION CONSULTANTS, INC. | | | | | | | ; |
| Principal Plac 506 WARREI LUTZ, FL 33 | N RD | Mailing Address 506 WARREN RD LUTZ, FL 33548 US | | - | | - 1 Birii Birii Birii Girii | BIERI BJEIJEGI II (BEI |
| | | | 01092007 | No Chg-P | CR2E034 (1 | | |
| DO NOT WRITE IN THIS SPACE | | | CE | 4. FEI Number 65-0037 5. Certificate o | | | Applied For Not Applicable 5 Additional equired |
| | 6. Name and Address of Current Regis | stered Agent | T | | | | |
| SALKA, MARY F 506 WARREN RD LUTZ, FL 33548 | | | | | NOT W | | • . |
| • | • | • | ; | • | | . * | + 244 · |
| 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 Signature, typed or printed name of registered agent and title if approache. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | · | .00 May Be ded to Fees | | | - |
| 10. | OFFICERS AND DIRE | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | D SALKA, MARY F 506 WARREN ROAD LUTZ, FL 33548 | | · | 000000587987 01/17/07-80055-020 150.00 | | | |
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: //

BIGHATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

SALKA

17 3190

Daytime Phone #