

DOCUMENT # K26781			
1. Entity Name MEDICAL INTERNATIONAL CONSULTING AGENCY, INC.			
Principal Place of Business 6641 10TH AVE. NORTH ST PETERSBURG FL 33710		Mailing Address 6641 10TH AVE. NORTH ST PETERSBURG FL 33710-6103	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
FARES, FARES A 3020 ANCHOR AVENUE SPRING HILL FL 34608		Name	
		Street Address (if different from above)	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
OFFICERS AND DIRECTORS			
11.		12.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MEDINA, RAMONA M. P O BOX 14472 N/A ST PETERSBURG FL 33733-4472	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(b)(1) of the Internal Revenue Code because the corporation is a foreign corporation, or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Ramona M. Medina</u> RAMONA M MEDINA			

03-15-2000 90083 041 ***150.00

100-29910



DO NOT WRITE IN THIS SPACE

CB2EN24 (9/99)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone