# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2008**
**Secretary of State**

DOCUMENT# K26781

**Entity Name:** MEDICAL INTERNATIONAL CONSULTING AGENCY, INC.

**Current Principal Place of Business:**

2001 DEBORAH DRIVE
SPRING HILL, FL 33609

**New Principal Place of Business:**

12473 LITTLE FARMS DRIVE
SPRING HILL, FL 33609

**Current Mailing Address:**

2001 DEBORAH DRIVE
SPRING HILL, FL 33609

**New Mailing Address:**

P.O. BOX 5165
SPRING HILL, FL 33611

**FEI Number: 59-2894257** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

TOTAL BOOKKEEPING SERVICES
2155 GRAND BLVD.
HOLIDAY, FL 34690 US

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

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: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete
Name: MEDINA, RAMONA M.,
Address: P O BOX 14472 N/A
City-St-Zip: ST PETERSBURG, FL 337334472

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

Title: DPST (X) Change ( ) Addition
Name: MEDINA, RAMONA M.,
Address: P O BOX 5165
City-St-Zip: SPRING HILL, FL 34611

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: MEDINA, RAMONA M. DPST 05/02/2008

Electronic Signature of Signing Officer or Director Date