2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2010
Secretary of State

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Entity Name: MEDICAL CONSULTANTS TEAM, A PROFESSIONAL LIMITED LIABILITY COMPANY

Current Principal Place of Business:

4635 S. DEL PRADO BOULEVARD
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4635 S. DEL PRADO BOULEVARD
CAPE CORAL, FL 33904

New Mailing Address:

PO BOX 62115
FORT MYERS, FL 33906

FEI Number: 20-5431737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GENNARO, MICHAEL A
4635 S. DEL PRADO BOULEVARD
CAPE CORAL, FL 33904 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: DESMOND, LAEL DR.
Address: PO BOX 62115
City-St-Zip: FORT MYERS, FL 33906

Title: MGRM
Name: DESMOND, DEBRA DR
Address: PO BOX 62115
City-St-Zip: FORT MYERS, FL 33906

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: LAEL DESMOND MGRM 02/26/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date