

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081679

FILED
Jan 05, 2012
Secretary of State

Entity Name: MEDICAL CONSULTANTS TEAM,
LIMITED LIABILITY COMPANY

A PROFESSIONAL

Current Principal Place of Business:

4635 S. DEL PRADO BOULEVARD
CAPE CORAL, FL 33904

New Principal Place of Business:

14361 METROPOLIS AVE
SUITE 2
FORT MYERS, FL 33912

Current Mailing Address:

PO BOX 62115
FORT MYERS, FL 33906

New Mailing Address:

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:

LAEL, DESMOND A
14361 METROPOLIS AVE
SUITE 2
FORT MYERS, FL 33912 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: LAEL DESMOND

01/05/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: DESMOND, LAEL
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 Statutes.

SIGNATURE: LAEL DESMOND

MGRM

01/05/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date