2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2010
Secretary of State

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Entity Name: MEDICAL TOURISM CONSULTANTS, LLC

Current Principal Place of Business:

4442 BOWMORE PL
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

4442 BOWMORE PL
MELBOURNE, FL 32940 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORSE, MARIA K
4442 BOWMORE PL
MELBOURNE, FL 32940 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: MORSE, MARIA K
Address: 4442 BOWMORE PL
City-St-Zip: MELBOURNE, FL 32940 US

Title: MGRM
Name: BUTTERFIELD, DAWN A
Address: 5093 OUTLOOK DR.
City-St-Zip: MELBOURNE, FL 32940 US

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: MARIA K MORSE MGRM 04/23/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date