

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000047542

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL LEASING AND CONSULTANTS, LLC

**Current Principal Place of Business:**

3104 N ARMENIA AVE  
SUITE 4  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

3104 N ARMENIA AVE  
SUITE 4  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 45-2122514

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

OLIVA, III, ANGEL  
3104 N ARMENIA AVENUE  
TAMPA, FL 33607 US

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

OLIVA, ANGEL III  
3104 N ARMENIA AVENUE  
TAMPA, FL 33607 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: ANGEL OLIVA, III

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OLIVA, ANGEL III  
Address: 3104 N ARMENIA AVE  
City-St-Zip: TAMPA, FL 33607

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: ANGEL OLIVA, III

MGRM

04/30/2012

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