

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M96175

FILED  
Jan 15, 2005  
Secretary of State

Entity Name: MEDICAL EQUITY CONSULTANTS, INC.

**Current Principal Place of Business:**

2845 NE 9TH STREET  
UNIT 1504  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

2845 NE 9TH STREET  
UNIT 1504  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

FEI Number: 59-2906796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YANOWITCH, HAROLD  
2845 NE 9TH STREET  
UNIT 1504  
FORT LAUDERDALE, FL 33304 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVS ( ) Delete  
Name: YANOWITCH, BEVERLY,  
Address: 2845 NE 9TH STREET, UNIT 1504  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: T ( ) Delete  
Name: YANOWITCH, HAROLD,  
Address: 2845 NE 9TH STREET, UNIT 1504  
City-St-Zip: FORT LAUDERDALE, FL 33304

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: YANOWITCH, HAROLD,  
Address: 2845 NE 9TH STREET, UNIT 1504  
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HAROLD M. YANOWITCH

PRES

01/15/2005

Electronic Signature of Signing Officer or Director

Date