

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000006106

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** MEDICAL BUSINESS CONSULTANTS, INC.

**Current Principal Place of Business:**

11701 BELCHER ROAD SOUTH  
SUITE 113  
LARGO, FL 33773

**New Principal Place of Business:**

**Current Mailing Address:**

11701 BELCHER ROAD SOUTH  
SUITE 113  
LARGO, FL 33773

**New Mailing Address:**

**FEI Number:** 59-3622795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: T  
Name: LAPROVA, CHARLES R  
Address: 11701 BELCHER ROAD SOUTH #113  
City-St-Zip: LARGO, FL 33773

Title: V  
Name: LAPROVA, VINCENT N  
Address: 11701 BELCHER ROAD SOUTH #113  
City-St-Zip: LARGO, FL 33773

Title: PSD  
Name: LAPROVA, BARBARA H.  
Address: 11701 BELCHER ROAD SOUTH, SUITE 113  
City-St-Zip: LARGO, FL 33773

I hereby 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 all other like empowered.

**SIGNATURE:** VINCENT N LAPROVA

VP

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date