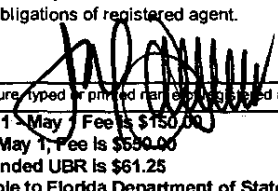
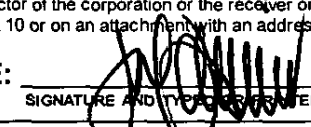


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91894 011 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000061989			
1. Entity Name MEDICAL CREDENTIALING CONSULTANTS, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3750 W 16TH AVENUE Suite, Apt. #, etc.		3. Mailing Address 3750 W 16TH AVENUE Suite, Apt. #, etc.	
City & State HIALEAH FL		City & State HIALEAH FL	
Zip 33012	Country	Zip 33012	Country
4. FEI Number 65-1019689		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name JOHNNY TSIMOGIANNIS			
Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD			
SUITE 601			
City CORAL GABLES		FL Zip Code 33134	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		JOHNNY TSIMOGIANNIS 4/28/03 DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT DUENAS, DAYLIN 3750 W 16TH AVENUE HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TSIMOGIANNIS, JOHNNY 999 PONCE DE LEON BLVD, STE 601 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		JOHNNY TSIMOGIANNIS 4/28/03 Date	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		(305) 442-1028 Daytime Phone #	