2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081801

Entity Name: MEDICAL EXPERT CONSULTING SERVICES, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
111 W. MAGNOLIA AVE, SUITE 1000 LONGWOOD, FL 32750	615 CRESCENT EXECUTIVE COURT SUITE 212 LAKE MARY, FL 32746
Current Mailing Address:	**New Mailing Address:**
111 W. MAGNOLIA AVE, SUITE 1000 LONGWOOD, FL 32750	615 CRESCENT EXECUTIVE COURT SUITE 212 LAKE MARY, FL 32746

FEI Number: 59-3668911   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
HAMLIN, PAUL 111 W. MAGNOLIA AVE, SUITE 1000 LONGWOOD, FL 32750 US	HAMLIN, PAUL 615 CRESCENT EXECUTIVE COURT SUITE 212 LAKE MARY, FL 32746 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: _____   03/30/2012 _____
            Electronic Signature of Registered Agent   Date

OFFICERS AND DIRECTORS:

Title: PD
Name: HAMLIN, PAUL
Address: 615 CRESCENT EXECUTIVE COURT, SUITE 212
City-St-Zip: LAKE MARY, FL 32746

Title: VP/T
Name: HAMLIN, ALVIN
Address: 615 CRESCENT EXECUTIVE COURT, SUITE 212
City-St-Zip: LAKE MARY, FL 32746

Title: SEC
Name: KENDALL, ROBIN L MS.
Address: 615 CRESCENT EXECUTIVE COURT, SUITE 212
City-St-Zip: LAKE MARY, FL 32746

Title: VPO
Name: KACHRIS, THEODORE L
Address: 615 CRESCENT EXECUTIVE COURT, SUITE 212
City-St-Zip: LAKE MARY, FL 32746

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: JAMES J. FLICK   RA   03/30/2012 _____
            Electronic Signature of Signing Officer or Director   Date