

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90130 008 ***150.00

DOCUMENT # P00000081801

1. Entity Name
MEDICAL EXPERT CONSULTING SERVICES, INC.



Principal Place of Business
300 NORTH COUNTRY ROAD 427
SUITE 100
LONGWOOD FL 32750

Mailing Address
300 NORTH COUNTRY ROAD 427
SUITE 101
LONGWOOD FL 32750

2. Principal Place of Business
111 West Magnolia Ave
Suite, Apt. #, etc.
Suite 1000

3. Mailing Address
111 West Magnolia Ave
Suite, Apt. #, etc.
Suite 1000

City & State
Longwood FL
Zip
32750
Country

City & State
Longwood, FL
Zip
32750
Country

4. FEI Number 59-3668911

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HAMLIN, PAUL
300 NORTH COUNTRY ROAD 427 SUITE 101
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
111 West Magnolia Ave, Ste 1000
City Longwood FL Zip Code 32750

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------|-----------------------------------|-------------------|---------------------------------|
| PD | HAMLIN, PAUL | 300 N. COUNTY ROAD 427, SUITE 101 | LONGWOOD FL 32750 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------------------------|--------------------|--|-----------------------------------|
| | | 111 West Magnolia Ave., Ste 1000 | Longwood, FL 32750 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PAUL HAMLIN 3-5-03 407-332-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)