

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094920

FILED
Apr 15, 2007
Secretary of State

Entity Name: MEDICAL DIRECTION CONSULTANTS, INC.

Current Principal Place of Business:

5551 NW 9TH AVE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

934 N UNIVERSITY DR
#228
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 59-3674177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NELSON, JOE A
5551 NW 9TH AVE
FORT LAUDERDALE, FL 33309 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: P () Delete
Name: NELSON, JOE A
Address: 5551 NW 9TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: VP () Delete
Name: NELSON, TRACIE J
Address: 6889 NW 173RD DRIVE # A107
City-St-Zip: MIAMI, FL 33015 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: NELSON, TRACIE J
Address: 6465 142ND AVE NORTH #M-202
City-St-Zip: CLEARWATER, FL 33760 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOE A. NELSON

P

04/15/2007

Electronic Signature of Signing Officer or Director

_____ Date