

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094920

FILED  
Apr 07, 2008  
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: 6465 142ND AVE NORTH #M-202  
City-St-Zip: CLEARWATER, FL 33760 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NELSON, JOE A  
Address: 9748 SAGO POINT DRIVE  
City-St-Zip: LARGO, FL 33777 US

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

Title: VP ( ) Change (X) Addition  
Name: MARTIN, KAREN B  
Address: 9748 SAGO POINT DR  
City-St-Zip: LARGO, FL 33777 US

I hereby certify that the information supplied with this filing does not qualify 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

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

P

04/07/2008

\_\_\_\_\_ Date