

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094920

FILED  
Apr 17, 2010  
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:**

NELSON, JOE A  
5551 NW 9TH AVE  
FT LAUDERDALE, FL 33309      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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/17/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NELSON, JOE A  
Address: 8316 BARDMOOR BLVD APT A  
City-St-Zip: SEMINOLE, FL 33777 US

Title: VP  
Name: NELSON, TRACIE J  
Address: 348 E JERU BLVD  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VP  
Name: MARTIN, KAREN B  
Address: 8316 BARDMOOR BLVD APT A  
City-St-Zip: SEMINOLE, FL 33777 US

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: JOE A. NELSON

Electronic Signature of Signing Officer or Director

PRES

04/17/2010

Date