

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094920

FILED
Apr 20, 2011
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:

934 N UNIVERSITY DR
228
CORAL SPRINGS, FL 33071

Current Mailing Address:

934 N UNIVERSITY DR
#228
CORAL SPRINGS, FL 33071

New Mailing Address:

934 N UNIVERSITY DR
228
CORAL SPRINGS, FL 33071

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
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

NELSON, JOE A
8316 BARDMOOR BLVD
A
SEMINOLE, FL 33777 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

04/20/2011

Date

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

P

04/20/2011

Date