

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000024469

1. Entity Name
MEDICAL FILE CONSULTANTS, INC.



Principal Place of Business
**2466 WEST STATE ROAD 426
STE 1012
OVIEDO, FL 32765**

Mailing Address
**PO BOX 623128
OVIEDO, FL 32762-3128**



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3704192

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RATCLIFF, STEPHEN J
2466 WEST STATE ROAD 426
STE 1012
OVIEDO, FL 32765**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PACHA, DEBRA L
STREET ADDRESS 2466 WEST STATE ROAD 426 STE 1012
CITY-ST-ZIP OVIEDO, FL 32765

TITLE CD
NAME RATCLIFF, STEPHEN J
STREET ADDRESS 2466 WEST STATE ROAD 426 STE 1012
CITY-ST-ZIP OVIEDO, FL 32765

TITLE
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U00000525534
05/04/06-80033-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEPHEN J. RATCLIFF

4/19/06

407-359-0074