

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024469

FILED
Mar 06, 2007
Secretary of State

Entity Name: MEDICAL FILE CONSULTANTS, INC.

Current Principal Place of Business:

2466 WEST STATE ROAD 426
STE 1012
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

PO BOX 623128
OVIEDO, FL 327623128

New Mailing Address:

FEI Number: 59-3704192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PACHA, DEBRA L
2466 WEST STATE ROAD 426
STE 1012
OVIEDO, FL 32765 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: DEBRA L PACHA

03/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PACHA, DEBRA L
Address: 2466 WEST STATE ROAD 426 STE 1012
City-St-Zip: OVIEDO, FL 32765

Title: CD (X) Delete
Name: RATCLIFF, STEPHEN J
Address: 2466 WEST STATE ROAD 426 STE 1012
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: PACHA, DEBRA L
Address: 2466 WEST STATE ROAD 426 STE 1012
City-St-Zip: OVIEDO, FL 32765

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

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: DEBRA L PACHA

CPD

03/06/2007

Electronic Signature of Signing Officer or Director

Date