
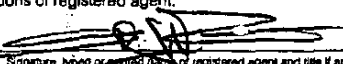



2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/29/2004-90006-045-\$150.00-\$150.00

FILED

04 AUG -3 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000040035					
1. Entity Name LTD MEDICAL RECORD CONSULTING SERVICES INC.					
Principal Place of Business P.O. BOX 680797 ORLANDO, FL 32868			Mailing Address P.O. BOX 680797 ORLANDO, FL 32868		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3713242				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALLACE, LAKEBA 3881 KINGFISH DRIVE SE ST. PETERSBURG, FL 33705 120 W. CROWN PT RD SUE 103 WINTER GARDEN, FL 32787			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  DATE 7/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
PSD	WALLACE, LAKEBA	P.O. BOX 40284, 680797			
		ST. PETERSBURG, FL 33705			
		Orlando, FL 32868			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  DATE 7/26/04 Daytime Phone #					

Attachment

54065706
Pg 2 of 2

LTD MEDICAL RECORD CONSULTING SERVICE, INC
PO BOX 680797
ORLANDO, FLORIDA 32868

July 14th, 2004


Florida Department of State
Division of Corporations
Tallahassee, Florida 32314

Ref #: P01000040035

Dear Mrs. Tina Roberts,

We are in receipt of your letter re: waving late fees. Unfortunately, I can not recall receiving any information from your company regarding UBR

Thanks for accepting this letter of non-receipt for the UBR


Ms. Lakeba Wallace,
407-877-6070