

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040035

FILED
Apr 29, 2008
Secretary of State

Entity Name: LTD MEDICAL RECORD CONSULTING SERVICES INC.

Current Principal Place of Business:

P.O. BOX 680797
ORLANDO, FL 32868

New Principal Place of Business:

2012 NEW TOWN ROAD
GROVELAND, FL 34711

Current Mailing Address:

P.O. BOX 680797
ORLANDO, FL 32868

New Mailing Address:

FEI Number: 59-3713242 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WALLACE, LAKEBA
2012 NEWLAND AVE.
GROVELAND, FL 34736 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: WALLACE, LAKEBA
Address: P.O. BOX 680797
City-St-Zip: ORLANDO, FL 32868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change () Addition
Name: WALLACE, LAKEBA
Address: P.O. BOX 680797
City-St-Zip: ORLANDO, FL 32868

I hereby certify that the information supplied with this filing does not qualify 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: LAKEBA WALLACE

MS.

04/29/2008

Electronic Signature of Signing Officer or Director

Date