2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

DOCUMENT# P01000106799

Entity Name: INDEPENDENT MEDICAL CONSULTANTS, INC.

Current Principal Place of Business:

800 N. STATE ROAD 434
SUITE 2
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 915125
LONGWOOD, FL 32791 US

New Mailing Address:

FEI Number: 59-3758779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERRERA, MARIA C
800 N. STATE ROAD 434
SUITE 2
ALTAMONTE SPRINGS, FL 32714 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: D ( ) Delete
Name: STEWART, MICHELLE
Address: 344 HAVERLAKE CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: V ( ) Delete
Name: HERRERA, MARIA C
Address: 2733 WEKIVA MEADOWS CT.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MICHELLE STEWART D 03/19/2007

Electronic Signature of Signing Officer or Director Date