

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106799

FILED  
Mar 31, 2009  
Secretary of State

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:**

STEWART, MICHELLE M  
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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: MICHELLE STEWART

D

03/31/2009

Electronic Signature of Signing Officer or Director

Date