

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000106799

**FILED**  
**Apr 02, 2010**  
**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  
**Name:** STEWART, MICHELLE  
**Address:** 344 HAVERLAKE CIRCLE  
**City-St-Zip:** APOPKA, FL 32712

I hereby 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 all other like empowered.

**SIGNATURE:** MICHELLE STEWART

D

04/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date