

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109489

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL ASSOCIATES CONSULTING, INC.

**Current Principal Place of Business:**

1761 W HILLSBORO BLVD  
#403  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

1761 W HILLSBORO BLVD  
#403  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

**FEI Number:** 59-3758636      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, WILLIAM  
4264 N.W. 1ST DRIVE  
DEERFIELD BEACH, FL 33442      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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BROWN, WILLIAM  
Address: 4264 N.W. 1ST DRIVE  
City-St-Zip: DEERFIELD BEACH, FL 33442

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: WILLIAM BROWN

PRES

01/19/2011

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

\_\_\_\_\_ Date