

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043682

**FILED**  
**Mar 23, 2005**  
**Secretary of State**

**Entity Name:** MEDICAL PROFESSIONAL CONSULTANTS, INC.

**Current Principal Place of Business:**

6110 NORTH OCEAN BLVD.  
SUITE 31  
OCEAN RIDGE, FL 33435 US

**New Principal Place of Business:**

2956 NORWAY PINE LANE  
LANTANA, FL 33462 US

**Current Mailing Address:**

6110 NORTH OCEAN BLVD.  
SUITE 31  
OCEAN RIDGE, FL 33435 US

**New Mailing Address:**

2956 NORWAY PINE LANE  
LANTANA, FL 33462 US

**FEI Number:** 04-3040486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOIA, MATTHEW J  
6110 NORTH OCEAN BLVD.  
SUITE 31  
OCEAN RIDGE, FL 33435 US

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

TOIA, MATTHEW J  
2956 NORWAY PINE LANE  
LANTANA, FL 33462 US

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: DR. MATTHEW J. TOIA

03/23/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR. ( ) Delete  
Name: TOIA, MATTHEW J PRESIDE  
Address: 6110 NORTH OCEAN BLVD., SUITE 31  
City-St-Zip: OCEAN RIDGE, FL 33435 US

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

Title: DR. (X) Change ( ) Addition  
Name: TOIA, MATTHEW J PRESIDE  
Address: 2956 NORWAY PINE LANE  
City-St-Zip: LANTANA, FL 33462 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR. MATTHEW J. TOIA

PRES

03/23/2005

Electronic Signature of Signing Officer or Director

Date