


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90080 037 \*\*\*158.75

<b>DOCUMENT # P02000053271</b> 1. Entity Name <b>MEDICO-LEGAL CONSULTANTS, INC.</b>					
Principal Place of Business <b>4316 TIDE WATER DR ORLANDO, FL 32812</b>			Mailing Address <b>4316 TIDE WATER DR ORLANDO, FL 32812</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>326 W. OAK ST</b>  Suite, Apt. #, etc.			
City & State Zip		City & State <b>Kissimmee, FL</b> Zip <b>34741</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>03-0446360</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04112004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>PEARSON, REBA 526 W OAK STREET KISSIMMEE, FL 34741</b>			7. Name and Address of New Registered Agent Name <b>REBA PEARSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>326 W. OAK ST.</b>  City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34741</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Reba Pearson</i></u> <u><i>Reba Pearson</i></u> <u><i>04-14-04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>TAI, A RAZZAK MD</b> <b>4316 TIDE WATER DR</b> <b>ORLANDO, FL 32812</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>A. Razzak TAI MD</i></u> <u><i>(A. RAZZAK TAI MD)</i></u> <u><i>Resident</i></u> <u><i>4.14.04</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					