

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90365 035 \*\*\*150.00

**DOCUMENT # P03000006853**

1. Entity Name  
**EXPERT MEDICAL CONSULTANTS, INC.**



Principal Place of Business  
**12038 STONE CROSSING CIRCLE  
TAMPA, FL 33635 US**

Mailing Address  
**12038 STONE CROSSING CIRCLE  
TAMPA, FL 33635 US**

**bb418443**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3766861**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAVADO-MUELLER, JOANNE  
12038 STONE CROSSING CIRCLE  
TAMPA, FL 33635**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Delete  
NAME **JOANNE LAVADO-MUELLER**  
STREET ADDRESS **12038 STONE CROSSING CIRCLE**  
CITY-ST-ZIP **TAMPA, FL 33635**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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: **X Joanne Lavado-Mueller**

**X 4/12/04**

**X (813) 878-8474**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #