## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000048512

FILED Jan 18, 2006 Secretary of State

Entity Name: MEDPRO CONSULTANTS INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 560294 ORLANDO, FL 328560294 **Current Mailing Address: New Mailing Address:** P.O. BOX 560294 ORLANDO, FL 328560294 FEI Number: 20-0011431 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA, BELKIS L GARCIA, BELKIS L 5068 ANDREA BLVD 1713 GARDEN LAKE DRIVE ORLANDO, FL 32807 US US WINTER HAVEN, FL 33884 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: BELKIS L GARCIA 01/18/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition GARCIA, BELKIS L Name: Name: P.O. BOX 560294 Address: Address: City-St-Zip: ORLANDO, FL 328560294 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: LOPEZ, CARLOS Name: P.O. BOX 560294 Address: Address: ORLANDO, FL 328560294 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BELKIS L GARCIA P 01/18/2006