

# 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:**

P.O. BOX 560294  
ORLANDO, FL 328560294

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 560294  
ORLANDO, FL 328560294

**New Mailing Address:**

**FEI Number:** 20-0011431      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GARCIA, BELKIS L  
5068 ANDREA BLVD  
ORLANDO, FL 32807      US

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

GARCIA, BELKIS L  
1713 GARDEN LAKE DRIVE  
WINTER HAVEN, FL 33884      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: BELKIS L GARCIA      01/18/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: GARCIA, BELKIS L  
Address: P.O. BOX 560294  
City-St-Zip: ORLANDO, FL 328560294

Title: V      ( ) Delete  
Name: LOPEZ, CARLOS  
Address: P.O. BOX 560294  
City-St-Zip: ORLANDO, FL 328560294

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date