

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000124856

**FILED**  
**Oct 07, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

12651 NW 7TH STREET  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

7918 SHENANDOAH LANE  
PARKLAND, FL 33067

**Current Mailing Address:**

12651 NW 7TH STREET  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

7918 SHENANDOAH LANE  
PARKLAND, FL 33067

**FEI Number:** 20-0380582

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TARDALO, PAUL A  
12651 NW 7TH STREET  
CORAL SPRINGS, FL 33071 US

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

TARDALO, PAUL A  
7918 SHENANDOAH LANE  
PARKLAND, FL 33067 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: PAUL TARDALO

10/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: TARDALO, PAUL  
Address: 7918 SHENANDOAH LANE  
City-St-Zip: PARKLAND, FL 33067

I hereby 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 all other like empowered.

SIGNATURE: PAUL TARDALO

PRES

10/07/2010

Electronic Signature of Signing Officer or Director

Date