

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000011428

FILED
Jun 15, 2012
Secretary of State

Entity Name: MOLEA MEDICAL CONSULTING SERVICES, INC.

Current Principal Place of Business:

4350 WEST CYPRESS STREET
SUITE 830
TAMPA, FL 33607

New Principal Place of Business:

503 S MACDILL AVE
STE 5
TAMPA, FL 33609

Current Mailing Address:

4350 WEST CYPRESS STREET
SUITE 830
TAMPA, FL 33607

New Mailing Address:

503 S MACDILL AVE
STE 5
TAMPA, FL 33609

FEI Number: 20-0614525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, AL R JR.
4600 W. CYPRESS ST., STE. 500
TAMPA, FL 336074024 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST
Name: MOLEA, JOSEPH M.D.
Address: 1994 CAROLINE CIRCLE, N.E.
City-St-Zip: ST. PETERSBURG, FL 33703

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: JOSEPH MOLEA

PRES

06/15/2012

Electronic Signature of Signing Officer or Director

Date