

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145968

FILED
Feb 14, 2007
Secretary of State

Entity Name: MAGNOLIA MEDICAL CONSULTANTS INC

Current Principal Place of Business:

5643 HAMILTON HARBOR DR
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5643 HAMILTON HARBOR DR
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 20-3725543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYKOFF, LINDA A
5653 HAMILTON HARBOR DR
NEW PORT RICHEY, FL 34652 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WYKOFF, LINDA A
Address: 5653 HAMILTON HARBOR DR
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP (X) Delete
Name: MCCLINTOCK, GLADYS S
Address: 6431 SPRING FLOWER DR UNIT 25
City-St-Zip: NEW PORT RICHEY, FL 34653 US

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: LINDA A WYKOFF

P

02/14/2007

Electronic Signature of Signing Officer or Director

Date