

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145968

Entity Name: MAGNOLIA MEDICAL CONSULTANTS INC

FILED  
Feb 18, 2010  
Secretary of State

**Current Principal Place of Business:**

2044 TRINITY OAKS BOULEVARD  
SUITE 220  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

6234 GRAND BOULEVARD  
SUITE 212  
NEW PORT RICHEY, FL 34652 US

**Current Mailing Address:**

10115 PORCH STREET  
NEW PORT RICHEY, FL 34655 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  
10115 PORCH STREET  
NEW PORT RICHEY, FL 34655 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  
Name: WYKOFF, LINDA A  
Address: 10115 PORCH STREET  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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: LINDA WYKOFF

PRES

02/18/2010

Electronic Signature of Signing Officer or Director

Date