

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000154357

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL LICENSING SERVICES, INC.

**Current Principal Place of Business:**

219 GEORGE C. WALLACE BLVD  
PANAMA CITY BEACH, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

219 GEORGE C. WALLACE BLVD  
PANAMA CITY BEACH, FL 32413

**New Mailing Address:**

**FEI Number:** 56-1212218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HINTON, DEBORAH  
219 GEORGE C. WALLACE BLVD  
PANAMA CITY BEACH, FL 32413 US

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

HINTON, DEBORAH  
219 GEORGE C. WALLACE BLVD.  
PANAMA CITY BEACH, FL 32413 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/28/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HINTON, DEBORAH D  
Address: 298 EAST SALISBURY ST.  
City-St-Zip: PITTBORO, NC 27312

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: DEBORAH HINTON

PRES

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date