

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000021852

FILED
Aug 27, 2008
Secretary of State

Entity Name: KMC MEDICAL CONSORTIUM, INC.

Current Principal Place of Business:

5790 SW 97TH STREET
PINECREST, FL 33156

New Principal Place of Business:

Current Mailing Address:

5790 SW 97TH STREET
PINECREST, FL 33156

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBISON, LINDA M ESQ
1200 EAST LAS OLAS BLVD
SUITE 400
FORT LAUDERDALE, FL 33301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: CEULEERS, BARBARA
Address: 5790 SW 97TH STREET
City-St-Zip: PINECREST, FL 33156

Title: VT () Delete
Name: AGUIRRE, GERARDO MD
Address: 5790 SW 97TH STREET
City-St-Zip: PINECREST, FL 33156

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 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: BARBARA CEULEERS

PS

08/27/2008

Electronic Signature of Signing Officer or Director

Date