2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000090857

City-St-Zip:

Entity Name: CONSULTA MEDICA TV INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
SUITE #30	AKLAND PARK BLVD.)4 JDERDALE, FL 33311			
Current M	lailing Address:	New Mail	New Mailing Address:	
P.O. BOX MIAMI, FL				
FEI Number	: FEI Number Applied Fo	or () FEI Number Not App	Dicable (X) Certificate of Status Desired ()	
Name and	Address of Current Registered A	gent: Name and	d Address of New Registered Agent:	
1640 W Ó # 304	ANDREA E MRS. AKLAND PARK BLVD. JDERDALE, FL 33311 US			
	named entity submits this statement e of Florida.	for the purpose of changing	its registered office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registe	ered Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution	n ().		
OFFICERS AND DIRECTORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete YUSSYN, ANDREA E MRS. 1640 W OAKLAND PARK BLVD. STE 304 FORT LAUDERDALE, FL 33311	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete YUSSYN, VERONICA E MRS. 1640 W OAKLAND PARK BLVD. STE #304 FORT LAUDERDALE, FL 33311	Title: Name: 4 Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete SCHNELL, WILFRED 1640 W OAKLAND PARK BLVD. STE #304 FORT LAUDERDALE, FL 33311	Title: Name: 4 Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	() Delete	Title: Name: Address:	D () Change (X) Addition MCLANEY, KYLE 1640 W OAKLAND PARK BLVD STE #304	

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.

City-St-Zip:

SIGNATURE: ANDREA YUSSYN P 04/30/2008

FORT LAUDERDALE, FL 33311