

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90107 038 \*\*\*150.00

<b>DOCUMENT # P07000117724</b>					
<b>1. Entity Name</b> WENTZEL MEDICAL LEGAL CONSULTING, INC.					
<b>Principal Place of Business</b> 410 SE ST. LUCIE BLVD STUART, FL 34996			<b>Mailing Address</b> 410 SE ST. LUCIE BLVD STUART, FL 34996		
<b>2. Principal Place of Business - No P.O. Box #</b> 1634 SW Seagull Way Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1634 SW Seagull Way Suite, Apt. #, etc.			
<b>City &amp; State</b> Palm City FL Zip 34990 Country Martin		<b>City &amp; State</b> Palm City FL Zip 34990 Country Martin		<b>4. FEI Number</b> 41-2264115 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				05052008 Chg-P CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> WENTZEL, CAROL A 410 SE ST. LUCIE BLVD STUART, FL 34996			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) 1634 SW Seagull Way City Palm City FL Zip Code 34990		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE:  DATE: 5/5/08 <small>(Signature, typed or printed name of registered agent, and the fee if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PD	NAME WENTZEL, CAROL A STREET ADDRESS 410 SE ST. LUCIE BLVD CITY-ST-ZIP STUART, FL 34996	<input type="checkbox"/> Delete		
TITLE		NAME	<input type="checkbox"/> Delete		
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TITLE		NAME	<input type="checkbox"/> Delete		
TITLE		NAME	<input type="checkbox"/> Delete		
				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
		NAME 1634 SW Seagull Way STREET ADDRESS Palm City FL 34990 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>			Date: 5/5/08 Daytime Phone #: 772-286-2367		

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