2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# P08000003280

Entity Name: MY MEDICAL CONSENT INC.

Current Principal Place of Business:

6463 53RD CIRCLE
WINTER BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 152
WINTER BEACH, FL 32971

New Mailing Address:

FEI Number: 22-3974183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, R S
6463 53RD CIRCLE
WINTER BEACH, FL 32967 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

OFFICERS AND DIRECTORS:

Title: DPV
Name: TAYLOR, R.S.
Address: 6463 53RD CIRCLE
City-St-Zip: WINTER BEACH, FL 32967

Title: ST
Name: TAYLOR, R.S.
Address: 6463 53RD CIRCLE
City-St-Zip: WINTER BEACH, FL 32967

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: RS TAYLOR PRES 02/16/2011

Electronic Signature of Signing Officer or Director Date