

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096547

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: THE MEDICAID SOLUTIONS CONSULTANT TEAM NCORPORATED

## Current Principal Place of Business:

10126 NW 33 STREET  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

501 NW 141ST AVENUE  
BLDG 9 #305  
PEMBROKE PINES, FL 33028

## Current Mailing Address:

10126 NW 33 STREET  
CORAL SPRINGS, FL 33065

## New Mailing Address:

501 NW 141ST AVENUE  
BLDG 9 #305  
PEMBROKE PINES, FL 33028

FEI Number: 80-0299046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DUMOND, EARTHA  
10126 NW 33 STREET  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

DUMOND, EARTHA  
501 NW 141ST AVENUE  
BLDG 9 #305  
PEMBROKE PINES, FL 33028 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: EARTHA DUMOND

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DUMOND, EARTHA  
Address: 10126 NW 33 STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DUMOND, EARTHA  
Address: 501 NW 141ST AVENUE BLD 9 #3  
City-St-Zip: PEMBROKE PINES, FL 33028

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: EARTHA DUMOND

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date