# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 04, 2010**
**Secretary of State**

DOCUMENT# P08000096547

**Entity Name:** THE MEDICAID SOLUTIONS CONSULTANT TEAM NCORPORATED

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

8580 NW 36TH STREET
UNIT 103
SUNRISE, FL 33351

**Current Mailing Address:**

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

**New Mailing Address:**

8580 NW 36TH STREET
UNIT 103
SUNRISE, FL 33351

**FEI Number: 80-0299046** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

DUMOND, EARTHA
8580 NW 36TH STREET
UNIT 103
SUNRISE, FL 33351 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 05/04/2010
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: P
Name: DUMOND, EARTHA
Address: 8580 NW 36TH STREET
City-St-Zip: SUNRISE, FL 33351

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: EARTHA DUMOND P 05/04/2010
Electronic Signature of Signing Officer or Director Date