

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000017582

FILED  
Feb 12, 2011  
Secretary of State

Entity Name: T P MEDICAL CONSULTANT INC

**Current Principal Place of Business:**

7682 NW 3 STREET  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

7682 NW 3 STREET  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 26-4328727

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POMARES, GILDA  
7682 NW 3 STREET  
MIAMI, FL 33126 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: P  
Name: POMARES, GILDA  
Address: 7682 NW 3 STREET  
City-St-Zip: MIAMI, FL 33126

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: GILDA POMARES

P

02/12/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date