

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000039421

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

**Entity Name:** QUANTUM MEDICAL CONSULTANTS, INC.

**Current Principal Place of Business:**

5325 PAYLOR LANE  
SUITE # 100  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

**Current Mailing Address:**

5325 PAYLOR LANE  
SUITE # 100  
SARASOTA, FL 34240 US

**New Mailing Address:**

**FEI Number:** 26-4806062      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KUTTY, MOHAN  
5038 PELICAN DRIVE  
NEW PORT RICHEY, FL 34652 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

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:** KUTTY, MOHAN  
**Address:** 5038 PELICAN DRIVE  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

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:** MOHAN KUTTY

P

05/04/2010

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

\_\_\_\_\_  
Date