2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2010
Secretary of State

DOCUMENT# P94000091084

Entity Name: CERTIFIED MEDICAL CONSULTANTS, INC.

Current Principal Place of Business:

5397 ORANGE DR
#101
FT. LAUDERDALE, FL 33314 US

New Principal Place of Business:

6535 NOVA DRIVE
#106
FT. LAUDERDALE, FL 33317 US

Current Mailing Address:

5397 ORANGE DR
#101
FT. LAUDERDALE, FL 33314 US

New Mailing Address:

6535 NOVA DRIVE
#106
FT. LAUDERDALE, FL 33317 US

FEI Number: 65-0539046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WANICKA, MARK A
5397 ORANGE DR
#101
FT. LAUDERDALE, FL 33314 US

Name and Address of New Registered Agent:

WANICKA, MARK A
6535 NOVA DRIVE, SUITE 106
#106
FT. LAUDERDALE, FL 33317 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: _____ 01/07/2010
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: WANICKA, MARK A
Address: 6535 NOVA DRIVE, SUITE 106
City-St-Zip: FT LAUDERDALE, FL 33317

Title: VSTD
Name: PROSAN, SCOTT D
Address: 6535 NOVA DRIVE, SUITE 106
City-St-Zip: FT LAUDERDALE, FL 33317

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: SCOTT PROSAN V 01/07/2010
Electronic Signature of Signing Officer or Director — Date