

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000059903

FILED  
Apr 29, 2011  
Secretary of State

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

**Current Principal Place of Business:**

4906 FELECITY WAY  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4906 FELECITY WAY  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number: 59-3334303      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CRUM, DEBRA L  
4906 FELICITY WAY  
PALM HARBOR, FL 34685 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: D  
Name: CRUM, DEBRA L  
Address: 4906 FELECITY WAY  
City-St-Zip: PALM HARBOR, FL 34685

Title: D  
Name: CRUM, DALE M  
Address: 4906 FELECITY WAY  
City-St-Zip: PALM HARBOR, FL 34685

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: DALE M. CRUM

D

04/29/2011

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

\_\_\_\_\_ Date