

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000048955

FILED
Jun 25, 2009
Secretary of State

Entity Name: MEDCORP CARRIER CONSULTANTS, INC.

Current Principal Place of Business:

1061 MAITLAND CENTER COMMONS
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162860
ALTAMONTE SPRINGS, FL 32716 US

New Mailing Address:

FEI Number: 59-3388950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPANGLER, MARK S
1061 MAITLAND CENTER COMMONS
2ND FLOOR
MAITLAND, FL 32751 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 () Delete
Name: SPANGLER, MARK S
Address: 1061 MAITLAND CENTER COMMONS
City-St-Zip: MAITLAND, FL 32751

Title: P () Delete
Name: SPANGLER, MARK S
Address: 1061 MAITLAND CENTER COMMONS
City-St-Zip: MAITLAND, FL 32751

Title: S () Delete
Name: SPANGLER, MARK S
Address: 1061 MAITLAND CENTER COMMONS
City-St-Zip: MAITLAND, FL 32751

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: SPANGLER, MARK S
Address: 1061 MAITLAND CENTER COMMONS
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK S. SPANGLER

P

06/25/2009

Electronic Signature of Signing Officer or Director

Date