


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90027 047 \*\*\*150.00

<b>DOCUMENT # P97000004334</b>		
1. Entity Name <b>MEDQUEST CONSULTANTS, INC.</b>		
Principal Place of Business <b>4632 VICENNES BLVD SUITE 101 CAPE CORAL, FL 33904</b>		Mailing Address <b>4632 VICENNES BLVD SUITE 101 CAPE CORAL, FL 33904</b>
2. Principal Place of Business <b>13300-56 S. Cleveland Ave</b>		3. Mailing Address <b>13300-56 S. Cleveland Ave</b>
Suite, Apt. #, etc. <b>#601</b>		Suite, Apt. #, etc. <b>#601</b>
City & State <b>Ft. Myers, FL</b>		City & State <b>Ft. Myers, FL</b>
Zip <b>33907</b>		Country <b>Lee</b>
Zip <b>33907</b>		Country <b>Lee</b>
4. FEI Number <b>65-0720480</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>MATTINGLY, WILLIAM CPA 4632 VINCENNES BLVD STE-101 CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><del>delete</del></u> (NOTE: Registered Agent signature required when reinstating) DATE		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD WALKER, KATHLEEN A 14780 LAKE OLIVE DRIVE FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u><del>delete</del></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/16/06</u> (239) 898-8104 <small>Date Daytime Phone #</small>