

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000068108

FILED
Apr 14, 2008
Secretary of State

Entity Name: MEDICAL CONSULTANTS USA, INC.

Current Principal Place of Business:

POST OFFICE BOX 284
APOPKA, FL 32704 US

New Principal Place of Business:

804 SWEETWATER BLVD.
LONGWOOD, FL 32779 US

Current Mailing Address:

P.O. BOX 284
APOPKA, FL 32704 US

New Mailing Address:

P.O. BOX 689
VERNON, FL 32462 US

FEI Number: 59-3462511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, GARY
P.O. BOX 284
APOPKA, FL 32704 US

Name and Address of New Registered Agent:

ADAMS, LINDA
804 SWEETWATER BLVD.
LONGWOOD, FL 32779 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: L ADAMS

04/14/2008

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: CPST () Delete
Name: PHILLIPS, GARY
Address: P.O. BOX 284
City-St-Zip: APOPKA, FL 32704 US

Title: D () Delete
Name: PHILLIPS, LINDA
Address: P.O. BOX 284
City-St-Zip: APOPKA, FL 32704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPST (X) Change () Addition
Name: MC USA,
Address: P.O. BOX 689
City-St-Zip: VERNON, FL 32462 US

Title: D (X) Change () Addition
Name: MEDCON,
Address: P.O. BOX 689
City-St-Zip: VERNON, FL 32462

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: G PHILLIPS

D

04/14/2008

Electronic Signature of Signing Officer or Director

Date