

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061343

FILED
Mar 10, 2005
Secretary of State

Entity Name: THOMAS MEDICAL CONSULTING INC.

Current Principal Place of Business:

3909 E SEMORAN BLVD
BLDG 599
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

522 HUNT CLUB BLVD
PMB 412
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3524005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTTO, THOMAS M JR.
3909 E SEMORAN BLVD
BLDG 599
APOPKA, FL 32703 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUTTO, THOMAS M JR
Address: 3909 E SEMORAN BLVD BLDG 599
City-St-Zip: APOPKA, FL 32703

Title: V () Delete
Name: CHANDRINOS, FAYE
Address: 3909 E SEMORAN BLVD BLDG 599
City-St-Zip: APOPKA, FL 32703

Title: VO () Delete
Name: SHUMATE, CARL I SR
Address: 3909 E SEMORAN BLVD BLDG 599
City-St-Zip: APOPKA, FL 32703

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS HUTTO JR

P

03/10/2005

Electronic Signature of Signing Officer or Director

Date