2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000101020

1. Entity Name
MEDICAL CONSULTANTS SERVICES, INC.

Principal Place of Business	Mailing Address
5520 SW 8TH STREET CORAL GABLES, FL 33134	5520 SW 8TH STREET CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

03042005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0892528	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOTO, JUANA
12195 SW 10 ST #5
MIAMI, FL 33184

DO NOT WRITE
IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

U00000341793
04/29/05-80029-015 150.00

TITLE	PD
NAME	SOTO, JUANA C
STREET ADDRESS	12195 SW 10 ST #5
CITY-ST-ZIP	MIAMI, FL 33184

TITLE	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____   4/26/05 (305) 310-5281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #