

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91217 004 \*\*\*150.00

**DOCUMENT # P99000020986**

1. Entity Name

MEDICAL LICENSING CONSULTANTS, INC.



Principal Place of Business

1029 CARRIN DRIVE  
TALLAHASSEE FL 32311

Mailing Address

1029 CARRIN DRIVE  
TALLAHASSEE FL 32311

2. Principal Place of Business

1104 Albrighton Drive

Suite, Apt. #, etc.

3. Mailing Address

1104 Albrighton Drive

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3586850

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

32301

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, KELLIE  
1029 CARRIN DRIVE  
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name Kelli Lane

Street Address (P.O. Box Number is Not Acceptable)  
1104 Albrighton Drive

City Tallahassee,

FL

Zip Code 32301

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 Kelli Lane, Owner Kelli Lane

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, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BUTLER, KELLIE  
STREET ADDRESS 1029 CARRIN DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Kelli Lane  
STREET ADDRESS 1104 Albrighton Drive  
CITY-ST-ZIP Tallahassee, FL 32301

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Kelli Lane, Owner Kelli Lane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

850.294.3246

Daytime Phone #