

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000060357

FILED
Jan 10, 2007
Secretary of State

Entity Name: MEDICAL COMPLIANCE ASSOCIATES, INC.

Current Principal Place of Business:

1726 KINGSLEY AVE
SUITE 25
ORANGE PARK, FL 32073

New Principal Place of Business:

10175 FORTUNE PARKWAY
SUITE 703
JACKSONVILLE, FL 32256

Current Mailing Address:

1726 KINGSLEY AVE
SUITE 25
ORANGE PARK, FL 32073

New Mailing Address:

10175 FORTUNE PARKWAY
SUITE 703
JACKSONVILLE, FL 32256

FEI Number: 59-3586045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEPRELL, SAMUEL L
1930 SAN MARCO BLVD., SUITE 201
JACKSONVILLE, FL 32216 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: DPT () Delete
Name: WEATHERFORD, ROBERT E
Address: 1726 KINGSLEY AVE STE 25
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: WEATHERFORD, ROBERT E
Address: 10175 FORTUNE PARKWAY, SUITE 703
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT E WEATHERFORD

DPT

01/10/2007

Electronic Signature of Signing Officer or Director

_____ Date