

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90014 025 ***155.00

DOCUMENT # P99000Q60357

1. Entity Name

MEDICAL COMPLIANCE ASSOCIATES, INC.



Principal Place of Business

10175 FORTUNE PARKWAY
 SUITE 703
 JACKSONVILLE FL 32256

Mailing Address

10175 FORTUNE PARKWAY
 SUITE 703
 JACKSONVILLE FL 32256



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3586045

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEPRELL, SAMUEL L.
 1930 SAN MARCO BLVD., SUITE 201
 JACKSONVILLE FL 32216

Name

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

City

FL

Zip Code

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 reappointing)

DATE

FILE NOW!!! - FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DPT	WEATHERFORD, ROBERT E	10175 FORTUNE PARKWAY, SUITE 703	JACKSONVILLE FL 32256	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	DVS JOANN E. Weatherford	10175 FORTUNE PARKWAY, Suite 703	JACKSONVILLE, FL 32256	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-08 (904) 363-8942

Date

Daytime Phone #