

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000060357

FILED
Jan 19, 2011
Secretary of State

Entity Name: MEDICAL COMPLIANCE ASSOCIATES, INC.

Current Principal Place of Business:

10175 FORTUNE PARKWAY
SUITE 703
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10175 FORTUNE PARKWAY
SUITE 703
JACKSONVILLE, FL 32256

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

Title: DVS
Name: WEATHERFORD, JOANN E
Address: 10175 FORTUNE PARKWAY, SUITE 703
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E WEATHERFORD

PRES

01/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date