

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000050436

**Entity Name:** M.D.C. CONSULTING, INC.

**Current Principal Place of Business:**

6553 NW 54 DRIVE  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

P.O. BOX 4458  
DEERFIELD BEACH, FL 33442

**FEI Number:** 20-2634527

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DECORTE, MICHAEL  
6553 NW 54 DRIVE  
CORAL SPRINGS, FL 33067 US

*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

**Officer/Director Detail :**

Title DPST  
Name DECORTE, MICHAEL  
Address 6553 NW 54 DRIVE  
City-State-Zip: CORAL SPRINGS FL 33067

Title TREA  
Name DECORTE, MICHAEL II  
Address 7019 NW 39 COURT  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** MICHAEL DECORTE

**PRESIDENT**

**01/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date