

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000094424 1. Entity Name ALLIANCE MEDICAL CONSULTANTS, INC.	
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Principal Place of Business 264 S. TRADEWINDS AVENUE LAUDERDALE BY THE SEA, FL 33308	Mailing Address 264 S. TRADEWINDS AVENUE LAUDERDALE BY THE SEA, FL 33308
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05082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1045159	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OWEN, DORINDA 264 SOUTH TRADEWINDS AVENUE LAUDERDALE BY THE SEA, FL 33308

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when restoring) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OWEN, DORINDA 264 S. TRADEWINDS AVENUE LAUDERDALE BY THE SEA, FL 33308
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dorinda Owen 5/10/07 954-296-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #