


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90031 001 ***550.00
 08-25-2004 90031 002 *****5.00
 08-25-2004 90031 003 *****8.75

DOCUMENT # P03000058462			
1. Entity Name F.M. CONSULTING & MEDICAL SERVICES, INC.			
Principal Place of Business 10300 S.W. 72 ST., #220 MIAMI FL 33173		Mailing Address 10300 S.W. 72 ST., #220 MIAMI FL 33173	
2. Principal Place of Business 10300 SW 72st #220 Suite, Apt. #, etc. Ste #220 Miami		3. Mailing Address Same.	
City & State Miami, FL 33173		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent DE JESUS PARDO, FREDIER 10300 S.W. 72 ST., #220 MIAMI FL 33173		7. Name and Address of New Registered Agent Name: N/A Street Address (P.O. Box Number is Not Acceptable): City: N/A FL Zip Code	
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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: N/A DATE: N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State.	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: DE JESUS PARDO, FREDIER STREET ADDRESS: 10300 S.W. 72 ST., #220 CITY-ST-ZIP: MIAMI FL 33173	<input type="checkbox"/> Delete	TITLE: N/A NAME: N/A STREET ADDRESS: N/A CITY-ST-ZIP: N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: HOFFMAN, RONALD STUART STREET ADDRESS: 3114 SUNRISE BLVD. CITY-ST-ZIP: FT. PIERCE FL 34982	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: HOFFMAN, RONALD STUART STREET ADDRESS: 6735 SW 34th terrace. CITY-ST-ZIP: Miami, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] **08/18/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #