

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90029 035 \*\*\*150.00



**DOCUMENT # P96000040146**

1. Entity Name

PHYSICIANS' ACCOUNTING & CONSULTING INC.

Principal Place of Business

60 EDGEWATER DR., 16D  
 CORAL GABLES FL 33133

Mailing Address

60 EDGEWATER DR., 16D  
 CORAL GABLES FL 33133



1st MOORE CR2E034 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0663417

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIRRIEL, GISELA S  
 60 EDGEWATER DR., 16D  
 MIAMI FL 33133

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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: VP *chez*  Delete  
 NAME: SANCHEZ, GISELA  
 STREET ADDRESS: 60 EDGEWATER DR., 16D  
 CITY-ST-ZIP: CORAL GABLES FL 33133

TITLE: *SANCHEZ*  Change  Addition  
 NAME: *SANCHEZ*  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
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 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
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 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
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 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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: *Gisela Sanchez Medina-Ries*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #