

**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

07 JUN 25 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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	
2. Principal Place of Business - No P.O. Box # <i>60 Edge Water DRIVE 16D</i>		3. Mailing Address <i>SAME</i>	
Suite, Apt. # etc. <i>CORAL GABLES, FLA 33133</i>		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BIRRIEL, GISELA 60 EDGEWATER DR., 16D MIAMI, FL 33133 <i>DELETE</i>		7. Name and Address of New Registered Agent Name <i>GISELA SANCHEZ</i> Street Address (P.O. Box Number is Not Acceptable) <i>60 Edge Water DRIVE 16D</i> City <i>CORAL GABLES</i> FL Zip Code <i>33133</i>	
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: <i>GISELA SANCHEZ</i> V.P. DATE: <i>7/20/07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ, GISELA 60 EDGEWATER DR 16D CORAL GABLES, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>300105295323</i> <i>07/03/07--01015--002 **\$61.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRES</i> <i>ROLANDO SANCHEZ MEDINA</i> <i>60 Edge Water DRIVE 16D</i> <i>Coral Gables, FL</i> <i>33133</i> <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
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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 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: <i>GISELA SANCHEZ MEDINA</i>		DATE: <i>7/20/07</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	