

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # H54174	
1. Entity Name PALM BEACH MEDICAL CONSULTANTS, INC.	

Principal Place of Business 2161 PALM BEACH LAKES BLVD STE. 410 W. PALM BEACH, FL 33409 US	Mailing Address 2161 PALM BEACH LAKES BLVD. STE. 410 W. PALM BCH., FL 33409 US
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DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2542680	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

HOPKINS, JOHN C
2361 PALM BEACH LAKES BLVD
SUITE 410
WEST PALM BEACH, FL 33409

**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 _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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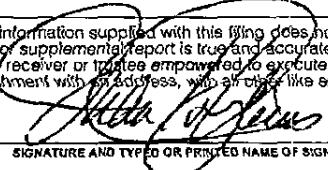
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	U00000506458 04/27/06-80022-025 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUE, DAVID R. 2161 PALM BCH LAKES BLVD W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DENNEY, EARL L. JR. 2161 PALM BCH LAKES BLVD W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEARCY, CHRISTIAN D. 2161 PALM BCH LAKES BLVD W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOPKINS, JOHN C 2161 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	John C. Hopkins 4/11/06	561-478-1499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone #