2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # H54174

1. Entity Name
PALM BEACH MEDICAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2161 PALM BEACH LAKES BLVD STE. 410 W. PALM BEACH, FL 33409 US	2161 PALM BEACH LAKES BLVD. STE. 410 W. PALM BCH., FL 33409 US

03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2542680
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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04/20/07-80157-014 150.00

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: David R True Director David True 3/21/07 561 498 1499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #