2004 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 23, 2004 8:00 am Secretary of State DOCUMENT # M90540 09-23-2004 90002 014 ***150.00 BIOMEDICAL CONSULTANTS, INC. Principal Place of Business Mailing Address % DAVID B. THORNBURGH, M.D. % DAVID B. THORNBURGH, M.D. 420 W. SAN MARINO DR. 420 W. SAN MARINO DR. MIAMI BCH., FL 33139 MIAMI BCH., FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09102004 CR2E034 (10/03) Chq-P City & State City & State 4. FEI Number Applied For 65-0063422 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THORNBURGH, DAVID-B., M.D.-Street Address (P.O. Box Number is Not Acceptable) 420 W. SAN MARINO DR. MIAMI BCH., FL 33139 City 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 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change ☐ Addition TITLE TITLE THORNBURGH, DAVID B., MD NAME NAME STREET ADDRESS 420 W. SAN MARINO DR. STREET ADDRESS CITY-ST-ZIP MIAMI BCH., FL CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TIFLE-NAME NAME

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 sective 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 attractment with an address. With all other like empowered. changed, or on an atta

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Change

☐ Change

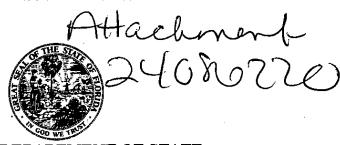
[] Addition

Addition

FILED

☐ Delete

□ Oelete



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 10, 2004

BIOMEDICAL CONSULTANTS, INC. % DAVID B. THORNBURGH, M.D. 420 W. SAN MARINO DR. MIAMI BCH., FL 33139 US

SUBJECT; BIOMEDICAL CONSULTANTS, INC.

Ref. Number: M90540

We have received your check(s) totaling \$550.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

The fee to file a profit annual report is \$150.00. please write a new check for \$150.00 and void the attached check.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 804A00054313