

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-23-2004 90002 014 ***150.00

DOCUMENT # M90540

1. Entity Name
BIOMEDICAL CONSULTANTS, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09102004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0063422

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

THORNBURGH, DAVID B., M.D.
420 W. SAN MARINO DR.
MIAMI BCH., FL 33139

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME THORNBURGH, DAVID B., MD
STREET ADDRESS 420 W. SAN MARINO DR.
CITY-ST-ZIP MIAMI BCH., FL

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

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STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID B. THORNBURGH, M.D.

Sept. 15, 2004 (305) 531-9838



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