

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90023 048 ***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 - No P.O. Box # 7655 SW 75TH AVENUE		3. Mailing Address 7655 SW 75TH AVENUE																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State MIAMI		City & State MIAMI		4. FEI Number 65-0063422																									
Zip 33143		Country USA		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent THORNBURGH, DAVID B., M.D. 420 W. SAN MARINO DR. MIAMI BCH, FL 33139			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7655 SW 75TH AVENUE City MIAMI FL Zip Code 33143																										
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: <u><i>David B. Thornburgh, M.D.</i></u> DATE: <u>7-9-2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>THORNBURGH, DAVID B., MD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>420 W. SAN MARINO DR. 7655 SW 75TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BCH, FL 33139 MIAMI, FL 33143</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	THORNBURGH, DAVID B., MD		STREET ADDRESS	420 W. SAN MARINO DR. 7655 SW 75TH AVE		CITY-ST-ZIP	MIAMI BCH, FL 33139 MIAMI, FL 33143		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	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: <u><i>David B. Thornburgh, M.D.</i></u> DATE: <u>7-9-2007</u> DAYTIME PHONE: <u>305 740 6069</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													