
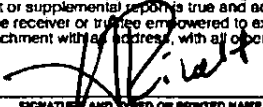


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 08, 2005 8:00 am
Secretary of State

05-16-2005 90200 021 ***150.00

DOCUMENT # P00000004399					
1. Entity Name PROFESSIONAL MEDICAL CONSULTANT SERVICES, INC.					
Principal Place of Business 10 NW LEJUNE RD., STE. 303 MIAMI, FL 33126			Mailing Address 10 NW LEJUNE RD., STE. 303 MIAMI, FL 33126		
2. Principal Place of Business 2100 W. 76 Street			3. Mailing Address 2100 W. 76 Street		
Suite, Apt. #, etc. ste. 408			Suite, Apt. #, etc. ste. 408		
City & State Hialeah, FL			City & State Hialeah, FL		
Zip 33016	Country Dade	Zip 33016	Country Dade	4. FEI Number 65-0973216	
				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 RICOLT, ANTONIO 214 NW 58 CT. MIAMI, FL 33126			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Antonio Ricolt 214 NW 58 Ct Miami, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 reports 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 807, 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: 			6/10/05 (305) 345-6196		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		