2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075524

MIAMI, FL 33156

City-St-Zip:

Entity Name: PROFESSIONAL MEDICAL COUNSELORS, INC.

FILED Apr 19, 2006 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:	
3410 NOR	THWEST 45 T OALE LAKES, F	ERRACE	·	
Current Mailing Address:			New Mailing Address	::
	THWEST 45 T OALE LAKES, F			
FEI Number: 65-1043393		FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1320 SOU CORAL G	DN, STUART H TH DIXIE HW' ABLES, FL 33 named entity of Florida.	Y STE. 1150 146 US	purpose of changing its registered	d office or registered agent, or both,
SIGNATU				
Electronic Signature of Registered Agent			ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	O'NEIL, SHER' 3410 NORTHW) Delete /L L /EST 45 TERRACE LAKES, FL 33319	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	SMITH, HELEN) Delete /EST 189 TERRACE	Title: Name: Address:	() Change () Addition

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERYL LYNN O'NEIL P 04/19/2006