

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000034018

FILED
Jun 05, 2005
Secretary of State

Entity Name: SOUTH FLORIDA MEDICAL CONSULTANTS, INC.

Current Principal Place of Business:

6140 PINE TREE DRIVE
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

New Mailing Address:

809 N.NORMA ST
APT E
RIDGECREST, CA 93555 US

Current Mailing Address:

6140 PINE TREE DRIVE
MIAMI BEACH, FL 33140 US

FEI Number: 65-1091084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, EDWARD
6140 PINE TREE DR
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

COOPER, EDWARD
809 N.NORMA ST
APT E
RIDGECREST, FL 93555 US

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.

SIGNATURE: EDWARD COOPER

06/05/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: COOPER, EDWARD
Address: 6140 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: V () Delete
Name: COOPER, EDWARD
Address: 6140 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: COOPER, EDWARD
Address: 809 N.NORMA ST APT E
City-St-Zip: RIDGECREST, CA 93555 US

Title: V (X) Change () Addition
Name: COOPER, EDWARD
Address: 809 N.NORMA ST APT E
City-St-Zip: RIDGECREST, CA 93555 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD COOPER

PRES

06/05/2005

Electronic Signature of Signing Officer or Director

Date