2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P01000091964

Entity Name: A & O MEDICAL CONSULTANTS, INC.

Current Principal Place of Business:

2938 E FANTANA CT
WEST PALM BEACH, FL 33411

New Principal Place of Business:

2938 E FONTANA CT
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

2938 E FANTANA CT
WEST PALM BEACH, FL 33411

New Mailing Address:

2938 E FONTANA CT
ROYAL PALM BEACH, FL 33411

FEI Number: 65-1141575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAIR, PETER A
769 S.W. TULIP BOULEVARD
PORT ST. LUCIE, FL 34953

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FAIR, PETER A
Address: 2938 E FANTANE CT
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TD ( ) Delete
Name: FAIR, DARLENE M
Address: 2938 E FANTANA CT
City-St-Zip: WEST PALM BEACH, FL 33411

Title: IC ( ) Delete
Name: DELCID, MARVIN
Address: 2938 E FANTANA CT
City-St-Zip: WEST PALM BEACH, FL 33411

Title: S ( ) Delete
Name: DELCID, MARY E
Address: 2938 E FANTANA CT
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FAIR, PETER A
Address: 2938 E FONTANA CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD (X) Change ( ) Addition
Name: FAIR, DARLENE M
Address: 2938 E FONTANA CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: IC (X) Change ( ) Addition
Name: DELCID, MARVIN
Address: 2938 E FONTANA CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: S (X) Change ( ) Addition
Name: DELCID, MARY E
Address: 2938 E FONTANA CT
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: DARLENE M. FAIR TD 04/26/2004
Electronic Signature of Signing Officer or Director Date