

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90018 036 \*\*\*150.00

<b>DOCUMENT # P01000091964</b> 1. Entity Name <b>A &amp; O MEDICAL CONSULTANTS, INC.</b>					
Principal Place of Business <b>2938 E FONTANA CT ROYAL PALM BEACH, FL 33411</b>			Mailing Address <b>2938 E FONTANA CT ROYAL PALM BEACH, FL 33411</b>		
2. Principal Place of Business <b>232 Bilbao St</b> Suite, Apt. #, etc.		3. Mailing Address <b>232 Bilbao St</b> Suite, Apt. #, etc.			
City & State <b>Royal Palm Beach, FL</b>		City & State <b>Royal Palm Beach, FL</b>		4. FEI Number <b>65-1141575</b>	
Zip <b>33411</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FAIR, PETER A 769 S.W. TULIP BOULEVARD PORT ST. LUCIE, FL 34953</b>				7. Name and Address of New Registered Agent Name <b>Fair, Peter</b> Street Address (P.O. Box Number is Not Acceptable) <b>232 Bilbao St</b> City <b>Royal Palm Beach FL</b>	
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: _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE PD NAME FAIR, PETER A STREET ADDRESS 2938 E FONTANA CT CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE PD NAME Fair, Peter A STREET ADDRESS 232 Bilbao Street CITY-ST-ZIP Royal Palm Beach, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME FAIR, DARLENE M STREET ADDRESS 2938 E FONTANA CT CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE TD NAME Fair, Darlene M STREET ADDRESS 232 Bilbao Street CITY-ST-ZIP Royal Palm Beach, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE IC NAME DELCID, MARVIN STREET ADDRESS 2938 E FONTANA CT CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME DELCID, MARY E STREET ADDRESS 2938 E FONTANA CT CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	<input checked="" 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	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>5/11/06</b> (561)-252-7488 <small>Daytime Phone #</small>		

did not receive notice