

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091964

Entity Name: A & O MEDICAL CONSULTANTS, INC.

FILED  
May 06, 2008  
Secretary of State

## Current Principal Place of Business:

232 BILBAO ST  
WEST PALM BEACH, FL 33411

## New Principal Place of Business:

## Current Mailing Address:

232 BILBAO ST  
WEST PALM BEACH, FL 33411

## New Mailing Address:

FEI Number: 65-1141575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FAIR, PETER A  
232 BILBAO ST  
WEST PALM BEACH, FL 33411 US

## 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

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: PD ( ) Delete  
Name: FAIR, PETER A  
Address: 232 BILBAO ST  
City-St-Zip: WEST PALM BEACH, FL 33411

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

Title: TS ( ) Delete  
Name: FAIR, DARLENE M  
Address: 232 BILBOA ST  
City-St-Zip: WEST PALM BEACH, FL 33411

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PETER A. FAIR

PRES

05/06/2008

Electronic Signature of Signing Officer or Director

Date