


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000013162
 1. Entity Name
PROFESSIONAL MEDICAL CONCEPTS, INC.



Principal Place of Business Mailing Address
1419 CANTERBURY DR. **1419 CANTERBURY DR.**
CLEARWATER, FL 33756 **CLEARWATER, FL 33756**



DO NOT WRITE IN THIS SPACE

05212005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
80-8037095 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KNOWLSON, SCOTT P
1419 CANTERBURY DR.
CLEARWATER, FL 33756

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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

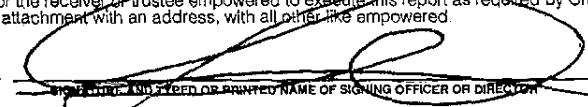
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KNOWLSON, SCOTT P
STREET ADDRESS	1419 CANTERBURY DR.
CITY - ST - ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  Date: **5-21-05** Daytime Phone #: **727-588-0790**