


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000028046 1. Entity Name MEDICOS CONSULTORES CORP.	
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Principal Place of Business 1854 NW 106 TERRACE PLANTATION, FL 33322	Mailing Address 1854 NW 106 TERRACE PLANTATION, FL 33322
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DO NOT WRITE IN THIS SPACE



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number 68-0494555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BIRNBACH, NINA 10651 N.E. 11TH COURT MIAMI SHORES, FL 33138	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRASCHINSY, CARLOS AV. SANTA FE 3.312 PISO 12B BUENOS AIRES, NA 1425
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILNER, DAVID MD 1854 N.W. 106TH TERRACE PLANTATION, FL 333223538
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/24/05-80053-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: DAVID MILNER, M.D. 02/20/05 (954) 370-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone