


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90029 008 \*\*\*150.00

<b>DOCUMENT # P02000028046</b> 1. Entity Name <b>MEDICOS CONSULTORES CORP.</b>					
Principal Place of Business <b>1854 NW 106 TERRACE PLANTATION, FL 33322</b>			Mailing Address <b>1854 NW 106 TERRACE PLANTATION, FL 33322</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State		3. Mailing Address  Suite, Apt. #, etc.  City & State			
Zip 		Country		Zip 	
Country		4. FEI Number <b>68-0494555</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MILNER, DAVID M.D. 1854 SW 106TH TERR PLANTATION, FL 33322</b>				7. Name and Address of New Registered Agent Name <b>DAVID MILNER, M.D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1854 N.W. 106TH TERRACE</b> City <b>PLANTATION</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.				\$8.75 Additional Fee Required	
SIGNATURE <u>DAVID MILNER, M.D.</u>				DATE <u>March 24 / 2008</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRASCHINSY, CARLOS AV. SANTA FE 3.312 PISO 12B BUENOS AIRES, NA 1425	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILNER, DAVID MD 1854 N.W. 106TH TERRACE PLANTATION, FL 333223536	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>DAVID MILNER, M.D.</u>					
DATE: <u>03/24/2008</u>					