


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000034157 1. Entity Name ALTERNATIVE MEDICAL CONSULTANTS, INC.	
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Principal Place of Business 440 NORTHEAST 51ST STREET MIAMI, FL 33137	Mailing Address POST OFFICE BOX 609 FAIRFIELD, IA 52556
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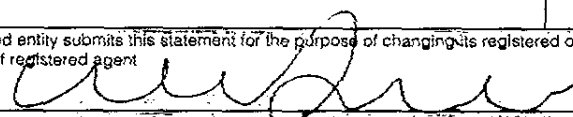
DO NOT WRITE IN THIS SPACE



07162004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3637171	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVID, ROBERT M.D. 440 NORTHEAST 51ST STREET MIAMI, FL 33137	DO NOT WRITE IN THIS SPACE
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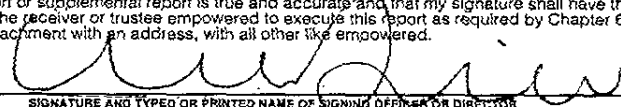
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  DATE 7/16/04
<small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DAVID, ROBERT MD 440 NORTHEAST 51ST STREET MIAMI, FL 33137
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07/20/04-80006-019 150.00

**DO NOT WRITE
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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)(b), 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:  DATE 7/16/04 Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>