

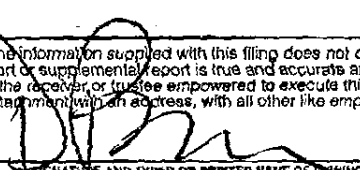
04-14-'06 10:01 FROM-

T-348 P02/07 U-667

FILED

Apr 24, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000006017		
1. Entity Name BRZEZINSKI MEDICAL CONSULTING INC		
Principal Place of Business 371 9TH ST. N. 370 NAPLES, FL 34102 US		Mailing Address 848 FIRST AVENUE NORTH 300 NAPLES, FL 34102 US
DO NOT WRITE IN THIS SPACE		
		04142008 No Chg-P CR2E034 (11/05)
4. FEI Number 13-4233430		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FOSTH ACCOUNTING, PA 501 GOODLETTE RD SUITE D 304 201 NAPLES, FL 34102		DO NOT WRITE IN THIS SPACE
7. 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 _____ Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when completing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00.		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BRZEZINSKI, DIANE J 5254 KENSINGTON HIGH STREET NAPLES, FL 34105	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/17/06 2392619990 Date Daytime Phone #