


04-26-'07 10:03 FROM-

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90407 049 ***150.00

DOCUMENT # P03000006017			
1. Entity Name BRZEZINSKI MEDICAL CONSULTING INC			
Principal Place of Business 311 9TH ST. N. 310 NAPLES, FL 34102 US		Mailing Address 848 FIRST AVENUE NORTH 300 NAPLES, FL 34102 US	
2. Principal Place of Business - No P.O. Box # 5254 Kensington High St		3. Mailing Address 311 9A ST N	
Suite, Apt. #, etc. Naples FL		Suite, Apt. #, etc. 310	
City & State 34105 USA		City & State NAPLES FL	
Zip 34105		Country USA	
Country USA		4. FEI Number 13-4233430	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FOSTH ACCOUNTING, PA 501 GOODLETTE RD SUITE D 304 201 NAPLES, FL 34102		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 renesting) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PST BRZEZINSKI, DIANE J 5254 KENSINGTON HIGH STREET NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 _____		4/26/2007 2392619990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	