2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000075400

1. Entity Name

ALEXANDER MEDICAL CONSULTING, INC.



Principal Place of Business

13914 N.W. 16TH DR. PEMBROKE PINE, FL 33028 Mailing Address

13914 N.W. 16TH DR. PEMBROKE PINE, FL 33028

FILED Feb 01, 2005 8:00 am Secretary of State

02-01-2005 90017 023 ***150.00

40009828



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired

\$8.75 Additional Fee Required

GLAUSER, STUART H 12910 S.W. 84TH STREET MIAML FL 33183

SIGNATURE:

DO NOT WRITE IN THIS SPACE

INDAME, I C 33 103			IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	burpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. Fam familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title i	il applicable. (NOTE: Registered	f Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 9. After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be		
10.	OFFICERS AND DIREC	CTORS	I			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, RODI 13914 N.W. 16TH DR. PEMBROKE PINE, FL 33028					
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12. I hereby of indicated of the corchanged,	sertify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustle empowered or on an attachment with an address, with all	ling does not qualify for the exer and accurate and that my signate to execute this report as required ther like empowered.	nption state ure shall haved by Chap	d in Section 119.07(3) ve the same legal effe ter 607, Florida Statuti	(i), Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if	