

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000010342

FILED
Apr 26, 2006
Secretary of State

Entity Name: ACCURATE MEDICAL NETWORK, INC.

Current Principal Place of Business:

5114 OKEECHOBEE BLVD, SUITE 105
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

5114 OKEECHOBEE BLVD, SUITE 105
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 20-2166394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOURSIQUOT, NICOLE
5114 OKEECHOBEE BLVD, SUITE 105
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOURSIQUOT, NICOLE
Address: 5114 OKEECHOBEE BLVD, SUITE 105
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE BOURSIQUOT

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date