

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000015044

1. Entity Name
ST. ANTHONY CONSULTING & MEDICAL GROUP, INC.



Principal Place of Business
9923 W OKEECHOBEE RD APT 116-A
HIALEAH, FL 33016

Mailing Address
9923 W OKEECHOBEE RD APT 116-A
HIALEAH, FL 33016

2. Principal Place of Business
1750 E HALLANDALE
Suite, Apt. #, etc. BEACH BLVD.
#503
City & State
HALLANDALE BEACH FL
Zip 33009 Country USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

AGUILAR, ROXANA
9923 W OKEECHOBEE RD APT 116-A
HIALEAH, FL 33016

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.

AGUILAR, ROXANA

REGISTERED AGENT

03/16/06

SIGNATURE: *Roxana Aguilar*

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME AGUILAR, ROXANA
STREET ADDRESS 9923 W OKEECHOBEE RD APT 116-A
CITY-ST-ZIP HIALEAH, FL 33016

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Change Addition
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: *Roxana Aguilar*

(Signature and typed or printed name of signing officer or director)

03/16/06 (94) 448-8812
Date Daytime Phone #

**FILED
Apr 19, 2006 8:00 am
Secretary of State**

04-19-2006 90107 024 ***150.00

JUUL3727



03162006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2261675	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional
Fee Required