

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2006 90107 024 ***150.00

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
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00013727

2. Principal Place of Business 1250 E HALLANDALE Suite, Apt. #, etc. BEACH BLVD. 7503 City & State HALLANDALE BEACH FL Zip 33009 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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03162006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2261675	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	
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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 SIGNATURE: <i>Roxana Aguilar</i> REGISTERED AGENT 03/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUILAR, ROXANA 9923 W OKEECHOBEE RD APT 116-A HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Roxana Aguilar</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	03/16/06 (954) 458-8812 <small>Date Daytime Phone #</small>