

FROM : SE MEDICAL

FAX NO. : 305 554 4828

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Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90055 042 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000074546

1. Entity Name
 DNK CONSULTING, INC.



Principal Place of Business
 8660 W. FLAGLER ST., #200
 MIAMI, FL 33144

Mailing Address
 8660 W. FLAGLER ST., #200
 MIAMI, FL 33144

40073933



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-495 6351

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEITMAN, LORN
 8660 W. FLAGLER ST., #200
 MIAMI, FL 33144

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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.D. ☐ Delete
 NAME NATEMAN, DAVID R
 STREET ADDRESS 8660 W FLAGLER ST., #200
 CITY-ST-ZIP MIAMI, FL 33144

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP.D. ☐ Delete
 NAME NATEMAN, KATHLEEN
 STREET ADDRESS 8660 W FLAGLER ST., #200
 CITY-ST-ZIP MIAMI, FL 33144

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 2007

Date

Daytime Phone #