FILED
Jun 19, 2008 8:00 am
Secretary of State

05-23-2008 90018 023 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

5/23/.

DOCUMENT # P07000071101

1. Entity Name
STARLIGHT MEDICAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
7000 BEACH PLAZA SUITE 701 ST PETE BEACH, FL 33706	7000 BEACH PLAZA SUITE 701 ST PETE BEACH, FL 33706

01092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
487 Pinellas BayWay S	
Suite, Apt. #, etc.: # 206	Suite, Apt. #, etc.
City & State: Tierra Verde, FL	City & State: ~~FL 33706~~
Zip: 33715 Country: Pinellas	Zip Country

4. FEI Number: 26-1705627 ☐ Applied For ☐ Not Applicable

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
PERRIN, JOHN P ESQ 2401 WEST BAY DRIVE SUITE 424 LARGO, FL 33770	Name: Guy Lepine Street Address (P.O. Box Number is Not Acceptable): 487 Pinellas Bay Way #206 City: Tierra Verde FL Zip Code 33715

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] 5/16/2008
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, 2008 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President JoAnn D Stewart 487 Pinellas BayWay S Tierra Verde FL 33715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] 5/16/08 7273606315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #