2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000000702

2250 MAGNOLIA DRIVE

N MIAMI, FL

Address:

City-St-Zip:

Entity Name: ONF MEDICAL CONSULTANT, INC.

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	NOLIA DRIVE IIAMI, FL 3318				
Current Mailing Address:			New Mailing Address:		
	NOLIA DRIVE IIAMI, FL 3318				
FEI Number	: 65-0385117	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
2250 MAG	FRANCISCO I NOLIA DRIVE IIAMI, FL 3318				
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			gent	Date	
	mpaign Financin S AND DIREC	g Trust Fund Contribution(). TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (SUAREZ, FRAI 2250 MAGNOL N MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	STD () SUAREZ. OLG) Delete ALY	Title: Name:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRANCISCO SUAREZ PRES 04/30/2003