2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# P94000091084

Entity Name: CERTIFIED MEDICAL CONSULTANTS, INC.

Current Principal Place of Business:

5397 ORANGE DR
#102
FT. LAUDERDALE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

5397 ORANGE DR
#102
FT. LAUDERDALE, FL 33314 US

New Mailing Address:

FEI Number: 65-0539046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NADEAU, ROLAND J
5397 ORANGE DR
#102
FT. LAUDERDALE, FL 33314 US

Name and Address of New Registered Agent:

WANICKA, MARK A
5397 ORANGE DR
#102
FT. LAUDERDALE, FL 33314 US

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.

SIGNATURE: MARK A. WANICKA 03/07/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NADEAU, ROLAND J
Address: 18233 SW 48 STREET
City-St-Zip: FT LAUDERDALE, FL 33331

Title: STD ( ) Delete
Name: PROSAN, SCOTT D
Address: 13820 SW 108TH AVE
City-St-Zip: MIAMI, FL 33176

Title: VD (X) Delete
Name: WANICKA, MARK A
Address: 6256 NW 71 TERRACE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WANICKA, MARK A
Address: 5397 ORANGE DR, #102
City-St-Zip: FT LAUDERDALE, FL 33314

Title: VSTD (X) Change ( ) Addition
Name: PROSAN, SCOTT D
Address: 5397 ORANGE DR., #102
City-St-Zip: FT LAUDERDALE, FL 33314

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SCOTT PROSAN V 03/07/2006
Electronic Signature of Signing Officer or Director Date