

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUN 25 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000040146					
1. Entity Name PHYSICIANS' ACCOUNTING & CONSULTING INC.					
Principal Place of Business 60 EDGEWATER DR., 16D CORAL GABLES, FL 33133			Mailing Address 60 EDGEWATER DR., 16D CORAL GABLES, FL 33133		
2. Principal Place of Business - No P.O. Box # 60 Edge Water Drive, 16D Suite, Apt. #, etc. CORAL GABLES, FL 33133 City & State			3. Mailing Address SAME Suite, Apt. #, etc. City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0663417	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIRRIEL, GISELA 60 EDGEWATER DR., 16D MIAMI, FL 33133 <i>DELETE</i>			7. Name and Address of New Registered Agent Name GISELA SANCHEZ Street Address (P.O. Box Number is Not Acceptable) 60 Edge Water Drive 16D City CORAL GABLES FL Zip Code 33133		
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 <u>GISELA SANCHEZ</u> V.P. DATE <u>7/20/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP SANCHEZ, GISELA 60 EDGEWATER DR 16D CORAL GABLES, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300105295323 07/03/07--01015--002 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROLANDO SANCHEZ MEDINA 60 Edge Water Drive 16D Coral Gables, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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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: <u>Rolando Sanchez Medina</u> DATE <u>7/20/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					