2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State
02-12-2007 90094 042 ***150.00

DOCUMENT # P97000007011

1. Entity Name
PREMIER MEDICAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2401 WEST BAY DR SUITE 500 LARGO FL 33770 US	2401 W BAY DR SUITE 500 LARGO FL 33770 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		2810 W. St. Isabel St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 201	
City & State		City & State Tampa FL	
Zip	Country	Zip 33607	Country USA

4. FEI Number 59-3418620 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TREZONA, JON
2401 WEST BAY DRIVE
SUITE 500
LARGO FL 33770

7. Name and Address of New Registered Agent

Name ~~Edward~~ Michael S. McMahon
Street Address (P.O. Box Number is Not Acceptable) ~~1020 Florida Street~~ 2810 W St Isabel St
~~Ste 200~~
City ~~Baton Rouge~~ TAMPA FL Zip Code ~~70801~~ 33607

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] 2/1/07
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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	D TREZONA, JON 2401 WEST BAY DRIVE LARGO FL 33770	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 2/1/07 727-555-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

[signature] 3/14/07 813/290-8004
Michael S McMahon