


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000043227 1. Entity Name CMB MEDICAL CONSULTANTS, INC.	
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Principal Place of Business 2039 OCEAN WALK TERRACE UNIT 400 POMPANO BEACH, FL 33062	Mailing Address 2039 OCEAN WALK TERRACE UNIT 400 POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0752929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLACKMAN, CLAUDIA M
2039 OCEAN WALK TERRACE
UNIT 400
POMPANO BEACH, FL 33062**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACKMAN, CLAUDIA M 2039 OCEAN WALK TERRACE UNIT 400 POMPANO BEACH, FL 33062
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: CLAUDIA BLACKMAN, PRESIDENT *Claudia Blackman* 1/23/04 (954) 946-9202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #