


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000043227	
1. Entity Name CMB MEDICAL CONSULTANTS, INC.	

Principal Place of Business 2039 OCEAN WALK TERRACE UNIT 400 POMPAÑO BEACH, FL 33062	Mailing Address 2039 OCEAN WALK TERRACE UNIT 400 POMPAÑO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



01112005 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
POMPAÑO 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 _____
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, 2005 Fee will be \$350.00	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 P	NAME BLACKMAN, CLAUDIA M
STREET ADDRESS 2039 OCEAN WALK TERRACE UNIT 400	
CITY-ST-ZIP POMPAÑO BEACH, FL 33062	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
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 M Blackman 1/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #