

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 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
POMPANO BEACH, FL 33062**

Mailing Address
**2039 OCEAN WALK TERRACE
UNIT 400
POMPANO BEACH, FL 33062**



01052005 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0752929

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000433667
02/24/06-80028-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Claudia M Blackman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06 (954) 946-9202
Date Daytime Phone #