

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048631

FILED
Feb 25, 2006
Secretary of State

Entity Name: MAE MEDICAL CONSULTANTS, INC.

Current Principal Place of Business:

1760 NORTHWEST 126 DRIVE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1760 NORTHWEST 126 DRIVE
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0758333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EPSTEIN, MARK A
1760 NW 126TH DR
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: EPSTEIN, MARK A
Address: 1760 NORTHWEST 126 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VTD () Delete
Name: EPSTEIN, BONNIE
Address: 1760 NORTHWEST 126 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. EPSTEIN

PSD

02/25/2006

Electronic Signature of Signing Officer or Director

Date