

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90006 020 ***550.00

DOCUMENT # P97000051233 1. Entity Name CHAMPIA MEDICAL CONSULTANTS, INC.					
Principal Place of Business 5457 S ISLAND DR HOMOSASSA, FL 34448 US			Mailing Address P O BOX 488 HOMOSASSA SPRINGS, FL 34447		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3453224	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PIA, SHIRLEY B 5457 S ISLAND DRIVE HOMOSASSA, FL 34448				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ Signature (typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when re-registering)	
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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	PT PIA, SHIRLEY B 5457 S ISLAND DRIVE HOMOSASSA, FL 34448	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RENAUD, LEO E. 6151-4 AVE S ST PETE FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RENAUD, RICHARD J. 205 SUNSHINE WAY EASLEY, SC 29842	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		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 exemption stated in Section 119.07(3)(i), 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: <u>h E Renaud - Secy</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>9/3/05 (12) 3454033</u> Date Daytime Phone #	