2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000051233 1. Entity Name CHAMPIA MEDICAL CONSULTANTS, INC.



FILED Apr 19, 2006 08:00 AM Secretary of State

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Mailing Address

5457 S ISLAND DR HOMOSASSA, FL 34448

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P O BOX 488

HOMOSASSA SPRINGS, FL 34447



DO NOT WRITE IN THIS SPACE 04102006

04102006	No Chg-P	CR2E034 (11/05)			
4. FEI Number			Applied Fo		
<u>59-3453</u>	224		Not Applic		
5. Cerblicate o	Status Desired		\$8.75 Additional Feo Required		

6. Name and Address of Current Registered Agent

	LEY B LAND ORIVE SSA, FL 34448	·	DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for the pluns of registered agent.	ourpose of changing its registere	ed office of r	egistered agent, or bo	in, in the State of Florida	. I am familiar with, and a	
SIGNATURE_	Signaturu, typest or printed name of registered agent and title	fi applicable. (NOTE: Registere	ed Agent signature required when relistating) DATC				
	E NOW!!! FEE IS \$150.00 ny 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing 🗖	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	стонѕ	v na ne n				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PIA, SHIRLEY B 5457 S ISLAND DRIVE HOMOSASSA, FL 34448				110000051:	9187 043-005 150.00	
title name street address chy st-zip	S RENAUD, LEO E 6151-4 AVE S ST PETERSBURG, FL 33707				The second s	nito pina shideda	
title Manae Streft Address City St-Zip				DO	NOT WR	ITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N.	THIS SPA	CE	
TITLE NAME STREET ADDRESS CIEY ST-ZIP							
TITLE NAME. STREET ADDRESS							

12. Thereby 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 informational 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 odit; that I am an officer or discontinuous 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

- Jeneral

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