2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

 I hereby certify that the information indicated on this report or in process of the corporation or the receiver of the corporation or the receiver or the receiver of the corporation or the receiver of changed, or on an attac

SIGNATURE:

Apr 12, 2005 8:00 am Secretary of State **DOCUMENT # P97000107065** 04-12-2005 90130 029 ***150.00 MEDICAL CONSULTANTS OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 10251, WEST SAMPLE ROAD CORAL SPRINGS FL 33065 10251 WEST SAMPLE ROAD **CORAL SPRINGS FL 33065** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-0806025 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name abiner GREEN, MITCHELL F 4000 HOLLYWOOD BLVD SUITE 485 SOUTH Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 ing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this stateme or the purpose of chan the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 Delete TITLE PD: TITLE ☐ Addition NAME LEWERT, RON DC NAME STREET ADDRESS 10251 WEST SAMPLE ROAD STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change · Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director does execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytme Phone #

FILED