



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000075872	
1. Entity Name H.M. MEDICAL CONSULTANTS, P.A.	

Principal Place of Business 150 SE 2ND AVENUE SUITE 1200 MIAMI, FL 33131	Mailing Address 150 SE 2ND AVENUE SUITE 1200 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

	
01082004 No Chg-P	CR2E034 (10/03)
4. FEI Number 65-0867142	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MALDONADO, HECTOR M 14657 SW 139TH PLACE MIAMI, FL 33186	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature: typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD MALDONADO, HECTOR M 150 SE 2ND AVENUE SUITE #1200 MIAMI, FL 33131
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03/12/04-80037-025 150.00

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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: <i>Hector M. Maldonado</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/10/04 305 898 4308 Date Daytime Phone #