

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90039 025 ***150.00

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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

40011434



2. Principal Place of Business - No P.O. Box #
7551 SW 18TH ST
Suite, Apt. #, etc.

3. Mailing Address
7551 SW 18TH ST
Suite, Apt. #, etc.

01182007 Chg-P CR2E034 (12/06)

City & State
Mi Ami FL

City & State
Mi Ami, FL

4. FEI Number
65-0867142

Applied For
Not Applicable

Zip Country
33157 M. Dade.

Zip Country
33157 M. Dade

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALDONADO, HECTOR M
14657 SW 139TH PLACE
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name
Maldonado Hector M.

Street Address (P.O. Box Number is Not Acceptable)
7551 SW 18TH ST

City Mi Ami FL Zip Code 33157

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 Hector M. Maldonado H. Maldonado ms 2/6/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MALDONADO, HECTOR M
STREET ADDRESS 150 SE 2ND AVENUE SUITE #1200
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ 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 exemptions contained 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 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: H. Maldonado ms 2/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #