FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:49

DOCUMENT # **675756** **(1)**

1. Corporation Name
THE HEALTHCARE CONSORTIUM, INC.

Principal Place of Business	Mailing Address
8181 MIAMI LAKES DR WEST STE 200 MIAMI LAKES FL 33016-5817 US	8181 MIAMI LAKES DR WEST STE 200 MIAMI LAKES FL 33016-5817 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/12/1980
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2008849 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

QUICK, LINDA S.
8181 MIAMI LAKES DR WEST
SUITE 200
MIAMI LAKES FL 33016-2813

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	QUICK, LINDA S.	1.2 NAME		
STREET ADDRESS	8181 MIAMI LAKES DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP		
TITLE	~~PD~~	2.1 TITLE	D	☑ Change ☐ Addition
NAME	~~FRIGDEWAID, DON G~~	2.2 NAME	FRIEDSWALD, DON E.	
STREET ADDRESS	~~1100 NW 95 ST.~~	2.3 STREET ADDRESS	1100 NW 95 ST	
CITY-ST-ZIP	~~MIAMI FL 33150~~	2.4 CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	~~DP~~	3.1 TITLE	C,D	☑ Change ☐ Addition
NAME	~~CADERIN, CAROLINA~~	3.2 NAME	CALDERIN, CAROLINA	
STREET ADDRESS	~~5959 NW 7 ST.~~	3.3. STREET ADDRESS	5959 NW 7 ST	
CITY-ST-ZIP	~~MIAMI FL 33126~~	3.4 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	~~VD~~	4.1 TITLE	S	☑ Change ☐ Addition
NAME	~~ROSE, MICHAEL~~	4.2 NAME	ULRICH, IRV	
STREET ADDRESS	~~3663 S. MIAMI AVE.~~	4.3 STREET ADDRESS	2500 SW 75 Ave	
CITY-ST-ZIP	~~MIAMI FL 33133~~	4.4 CITY-ST-ZIP	Miami, FL 33155	
TITLE	~~DP~~	5.1 TITLE	T	☑ Change ☐ Addition
NAME	~~STEIGMAN, DON S~~	5.2 NAME	GOODMAN, TERRY	
STREET ADDRESS	~~5757 N. DIXIE HWY.~~	5.3 STREET ADDRESS	8200 NW 2 Ave	
CITY-ST-ZIP	~~FT. LAUDERDALE FL 33334~~	5.4 CITY-ST-ZIP	Miami, FL 33137	
TITLE	~~D~~	6.1 TITLE	VD	☑ Change ☐ Addition
NAME	~~COOK, TIM~~	6.2 NAME	ROSE, MICHAEL	
STREET ADDRESS	~~5000 UNIVERSITY DR.~~	6.3 STREET ADDRESS	3663 S. Miami Avenue	
CITY-ST-ZIP	~~CORAL GABLES FL 33146~~	6.4 CITY-ST-ZIP	Miami, FL 33133	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda S Quick 2/20/95 (305) 825-4007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Linda S Quick

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