

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

ANNOUNCEMENT  
 1995



FLORIDA DEPARTMENT OF STATE  
 300 Capitol Mall  
 Tallahassee, Florida 32399-0001  
 Telephone: (904) 493-0001

FILED  
 SECRETARY OF STATE  
 DEPARTMENT OF CORPORATIONS

95 MAY -1 AM 10:17

DOCUMENT # **P93000018148 (5)**

**MEDICAL REVIEW CONSULTANTS, INC.**

Principal Office Address: **208 N INTERLACHEN AVE WINTER PARK FL 32789**  
 Mailing Address: **208 N INTERLACHEN AVE WINTER PARK FL 32789**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/01/1993</b>	3a. Date of Last Report <b>02/22/1994</b>
4. FEI Number <b>59-3190342</b> <b>APPLIED FOR - EIN</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Funds Contributions <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. The corporation has liability for intangible tax under § 199.040, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office Address	26. Mailing Address
21. State of Incorporation	26. State of Incorporation
22. City	27. City
23. County	28. County
24. Zip	29. Zip
25. Telephone	30. Telephone

**9. Name and Address of Current Registered Agent**

**RICKEL, WILLIAM JR  
 39 W PINE ST  
 ORLANDO FL 32801**

**10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>

11. Pursuant to the provisions of Sections 199.01 and 199.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal office 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 provisions of Sections 199.01 and 199.02, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: <b>D MUMBY, ROBERT C</b> ADDRESS: <b>208 N INTERLACHEN AVE WINTER PARK FL 32789</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: <b>D MUMBY, PEGGY W</b> ADDRESS: <b>208 N INTERLACHEN AVE WINTER PARK FL 32789</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____ ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____ ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____ ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____ ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME: _____ ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____ ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: _____ ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add

**REMITTED BY MAY 1**

14. I hereby certify that the information supplied with this report is true and correct, and that I am a resident of the State of Florida. I further certify that the information is true and correct, and that my signature shall have the same legal effect as if made under oath. This report is required of the corporation or the officer or director designated to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on the list of officers and directors of the corporation or other person with an address.

SIGNATURE: *Robert C. Mumby* **ROBERT C. MUMBY** **2/15/95 (407) 629-0573**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR