

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000018148 (5)

MEDICAL REVIEW CONSULTANTS, INC.



Principal Place of Business: **208 N INTERLACHEN AVE WINTER PARK FL 32789**
 Mailing Address: **208 N INTERLACHEN AVE WINTER PARK FL 32789-3806**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1993	3a. Date of Last Report 04/26/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3190342	Applied for <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THOMAS F. LANG 340 N ORANGE AVE ORLANDO FL 32801				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.A TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUMBY, ROBERT C	1.B NAME	Robert C. Mumby Jr
STREET ADDRESS	38 SOUTH HAMPTON AVE	1.B STREET ADDRESS	38 South Hampton Ave
CITY-ST-ZIP	ORLANDO FL	1.A CITY-ST-ZIP	orlando, FL 32803
TITLE	<input type="checkbox"/> DELETE	2.A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUMBY, PEGGY W	2.P NAME	
STREET ADDRESS	208 N INTERLACHEN AVE	2.B STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.A TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.P NAME	Robert C. Mumby M.D.
STREET ADDRESS		3.B STREET ADDRESS	208 N. Interlachen Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	<input type="checkbox"/> DELETE	4.A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.B STREET ADDRESS	
CITY-ST-ZIP		4.H CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.P NAME	
STREET ADDRESS		5.B STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.P NAME	
STREET ADDRESS		6.B STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *[Handwritten Signature]* **Robert C. Mumby Jr CEO 4/29/97 407289210**

CR2E034 (9/96)