

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

FILED

**Mar 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000018148 (5)
1. Corporation Name
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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1200 E. Hillcrest St. Suite, Apt. #, etc. 22 Suite 303 City & State 23 Orlando, FL Zip 24 32803	2a. Mailing Address 26 P.O. Box 532002 Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32853-2002	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 06/01/1993	4. FEI Number 59-3190342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent THOMAS F. LANG 340 N ORANGE AVE ORLANDO FL 32801	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
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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		DELETED
TITLE	T MUMBY, ROBERT C Jr.	<input type="checkbox"/>
NAME	MUMBY, ROBERT C Jr.	
STREET ADDRESS	38 SOUTH HAMPTON AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	O MUMBY, PEGGY W	<input type="checkbox"/>
NAME	MUMBY, PEGGY W	
STREET ADDRESS	208 N INTERLACHEN AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D MUMBY, ROBERT C	<input type="checkbox"/>
NAME	MUMBY, ROBERT C	
STREET ADDRESS	208 N INTERLACHEN AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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.

CR2E034 (10/97)