

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

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97 JUN 23 AM 7:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000040146 (8)  
1. Corporation Name  
PHYSICIANS' ACCOUNTING & CONSULTING, INC.



Principal Place of Business: 8934 RIVIERA DR. CORAL GABLES FL 33134  
Mailing Address: 3834 RIVIERA DR. CORAL GABLES FL 33134-7133

3. Date Incorporated or Qualified: 05/09/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 6910 TULIPAN CT. Suite, Apt. #, etc.  
22  
23 Coral Gables, FL. City & State  
24 33143 Zip  
25 U.S.A. Country

4. FEI Number: 65-0663417  
Applied For: Not Applicable  
6. 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  
BIRRIEL, GISELA S  
3834 RIVIERA DR.  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
81 Name: Birriel Gisela S.  
82 Street Address (P.O. Box Number is Not Acceptable): 6910 Tulipan Ct.  
83  
84 City: Coral Gables FL 85 Zip Code: 33143

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: *Gisela J. Birriel*  
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: BIRRIEL, GISELA S	
STREET ADDRESS: 3834 RIVIERA DRIVE	
CITY-ST-ZIP: CORAL GABLES FL 33134	
TITLE: ST	<input checked="" type="checkbox"/> DELETE
NAME: BIRRIEL, GISELA S	
STREET ADDRESS: 3834 RIVIERA DRIVE	
CITY-ST-ZIP: CORAL GABLES FL 33134	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: Birriel, Gisela S.	
1.3 STREET ADDRESS: 6910 Tulipan Ct.	
1.4 CITY-ST-ZIP: Coral Gables, FL 33143	
2.1 TITLE: ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: Birriel, Gisela S.	
2.3 STREET ADDRESS: 6910 TULIPAN CT.	
2.4 CITY-ST-ZIP: Coral Gables, FL 33143	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
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: *Gisela J. Birriel* 11/2/97 (200) 529-1169

CR2E034 (9/96)