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

PROFIT, **CORPORATION ANNUAL REPORT**

1997



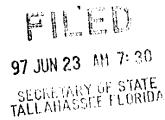
FLORIDA DEPARTMENT SE STATE

Sandra B. Morthary

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000040146 (8)

PYHSICIANS'ACCOUNTING & CONSULTING, INC.





Principal Place of Business Mailing Address					
8934 RIVIERA DR. 3934 RIVIERA DR.					
CORAL GABLES FL 33134 CORAL GABLES FL		CORAL GABLES FL 83134-7133			
				Date Incorporated or Qualified 05/09/1996	3a. Date of Last Report
	ace of Business	2a. Mailing Address	22204	4. FEI Number	Applied For
21 6910 [VIIPAN (H) 26 6910 TV/1)			1911 (1)	45-0603911	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Coral Gables, Fl. 28 Coral Gab			105-51	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	
24 331	43 25 11.5.A	29 33/43 30	USA	Florida Statutes	Yes X No
	9, Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent
BIRRIEL, GISELA S 81 Name 15				Birriel Gisela 5.	
3934 RIVIERA DR.			82 Street	Address (P.O. Box Number is Not Acceptable	θ)
CORAL GABLES FL 33134				910 TULIPAN CT	
			84 City	Topal Gables	FL 85 35142
'11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	ne above-named	corporation submits this statement for the pu	rpose 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 Status, typed or printed dome of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD •	DELETE	1.1 TITLE	Giorial Circles	Change Addition
NAME	BIRRIEL, GESELA S	1	1.2 NAME	Birry Gisela S.	5
STREET ADDRESS	3934 RIVIERA DRIVE		1.3 STREET ADDRESS	6910 TULIPANCE,	22112
CITY-ST-ZIP	ST _		1.4 CITY - ST - ZIP		33143 S
TITLE	BIRRIEL, GIESELA S	•—	2.1 THILE	BIRRUL, CISELA S.	Change
NAME Street address	3934 RIVIERA DRIVE	1	2.2 NAME	G910 TULIPAN CA	
CITY-ST-ZIP	CORAL GABLES FL 33134		2.3 STREET ADDRESS 2.4 City-St-Zip —	Coral Gables . Ft 3.	2143
TITLE			3.1 TITLE	Coldan Coloday in D.	Change Addition
NAME			3.2 NAME		[
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DEL€TE	4.1 TITLE		Change Addition
NAME			4 2 NAME	2000022 -06/24/9	
STREET ADDRESS			4.3 STREET ADDRESS	*****165	
CITY-ST-ZIP			4.4 CITY - ST - ZIP 5.1 TITLE	3-4-4-4-1DD	.00 ***165.00 Addition
TITLE NAME			5.2 NAME		L Change L Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY-ST-ZIP		
TITLE			6.1 TITLE		☐ Change ☐ Addilion
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREFT ADDRESS		
CITY-ST-ZIP			6.4 City - St - Zip		
14. I do hereb	by certify that the information supplied:	with this filing does not qualify for	the exemption s	tated in Section 119.07(3)(i), Florida Statutes.	I further certify that the

I do nereby centry that the information supplied with this filling does not quality for the exemption stated in Section 119 0/3/(j), Florida Statules. 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 Statules; and that my participate in Block 12 or Block 13 if changed, or on an attachment with an address.