FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **675756** **(1)**

1. Corporation Name

THE HEALTHCARE CONSORTIUM, INC.

Principal Place of Business

8181 MIAMI LAKES DR WEST
STE 200
MIAMI LAKES FL 33016-5817
US

Mailing Address

8181 MIAMI LAKES DR WEST
STE 200
MIAMI LAKES FL 33016-5817
US

3. Date Incorporated or Qualified: **06/12/1980**

3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2008849** Applied For / Not Applicable

5. 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**

QUICK, LINDA S.
8181 MIAMI LAKES DR WEST
SUITE 200
MIAMI LAKES FL 33016-2813

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

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
(Signature: Type of Corporate Officer, Director, or Other Authorized Representative) (Title: Registered Agent signature required below if applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	QUICK, LINDA S.	
STREET ADDRESS	8181 MIAMI LAKES DR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	☑ DELETE
NAME	FRIGDEWAID, DON G	
STREET ADDRESS	1100 NW 95 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	~~CD~~	☐ DELETE
NAME	CADERIN, CAROLINA	
STREET ADDRESS	5959 NW 7 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	ULRICH, IRV	
STREET ADDRESS	2500 SW 75 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	~~T~~	☐ DELETE
NAME	GOODMAN, TERRY	
STREET ADDRESS	5200 NE 2 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	~~VP~~	☐ DELETE
NAME	ROSE, MICHAEL	
STREET ADDRESS	3663 S MIAMI AVE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TD	☐ Change ☑ Addition
2.2 NAME	FAYER GEORGE	
2.3 STREET ADDRESS	2001 W 68 ST	
2.4 CITY-ST-ZIP	HIALEAH FL 33016	
3.1 TITLE	D	☑ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	☑ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	CD	☑ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	☑ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Linda S. Quick — 1/22/96 — (305) 825-4007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LINDA S. QUICK

CR2E034 (12/95)