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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 675756

(1)

THE HEALTHCARE CONSORTIUM, INC.

## FILED May 19 1997 8:00am Secretary of State

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Principal Place of Business		Mailing Address	Mailing Address				r anning kirtu inanti briss ibnat Atilia mitt Gibli mant bibti bibti bibti bibti						
8181 MIAMI LAKES DR WEST STE 200 MIAMI LAKES FL 33016-5817			8181 MIAMI LAKES DR WEST STE 200										
US US	L 33010-3017		MIAMI LAKES FL 33016-5861 US				Data Innorporated 6	or Outsilled	an Da	lo of Lost	Doord	٦	
		00				3. Date Incorporated or Qualified 06/12/1980			<b>3a.</b> Date of Last Report <b>02/16/1996</b>				
2. Principal Pl	ace of Business	2a, Mailing Address				4.	FEI Number		1 92/		applied For	1	
21		26	<b>├</b> -¬ "				59-2008849			<u></u>	lot Applicable	1	
Suite, Apt. (	#, etc.		Suite, Apt. #, etc.								Additional	1	
22		27	27			5.	Certificate of Status	Desired		•	Required		
City & State	1	City & State				6.	Election Campaign	Financing		\$5.00	May Be	1	
23		28	28				Trust Fund Contribu	tion		Addec	to Fees	_[	
Zip	Country	Zip	Cou	intry		8.	This corporation has				s. 199.032,	ļ	
24	25 9. Name and Address of Currer	29	30	<b>,</b>		Florida Statutes Yes No					_,		
				10.	Name and Address	of New Rec	distered A	gent		-			
	CK, LINDA S.		ĺ	81	Name								
	MIAMI LAKES DR WEST			82	Street Ad	dross (f	O. Box Number is N	ot Acceptab	le)			1	
	E 200		l									1	
MIAN	AI LAKES FL 33016-2813			83									
			Ì	84	City					85 Zir	Code	1	
						·	·		FL			_	
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State	e of Florida. Such change v	vas authorized	d by t	named co the corpor	rporatio ation's I	in submits this staterr board of directors. I h	ent for the p ereby accep	urpose of t the appo	changing pintment a	its registered s registered		
agent. I ar	n familiar with, and accopt the oblig	ations of, Section 607.050	5, Florida Stat	lutes.	•			, ,	- ,,			-	
SIGNATURE .													
12.	Signature, typed or printed name of registered agr	ID DIRECTORS	(NOTE: Registered	d Agent	signature req		ADDITIONS/CHANGE	S TO OFFIC	DATE ERS AND	DIRECTO	IBS IN 12	16	
TITLE	PD	DELFTE			···	·	ADDITIONOSOFICIO	20 10 01110		Change		- jð.	
NAME	QUICK, LINDA S.	<b>(2)</b>	1.2 N/									15	
STREET ADDRESS 8181 MIAMI LAKES DR			<b>4</b> "		DORESS							8	
CITY-ST-ZIP MIAMI LAKES FL				1.4 CITY-ST-ZIP								12	
TITLE	TD DELETE 2.11			211					Change	Addition	6		
NAME	FAYER, GEORGE	_	22 NAME							•	_	1	
STREET ADDRESS	2001 W 68TH STREET			2,3 STREET ADDRESS									
CITY-ST-ZIP	LUAL PALL PL		1	2. 4 City - S1 - 7IF								1	
TITLE	D	DELETE		3.1 TITLE						Change	Addition	1	
NAME	CADERIN, CAROLINA		3.2 N/	3.2 NAME									
STREET ADDRESS 5959 NW 7 ST.			3.3 ST	3.3 STREET ADDRESS								Ì	
CITY-ST-ZIP MIAMI FL				3.4. DITY-ST-7IP									
TITLE	SD DELETE: A					~ <del>-</del>				Change	Addition		
NAME	ULRICH, IRV		IAMé										
STREET ADDRESS 2500 SW 75 AVE			4.3 \$		DORESS								
CITY-ST-ZIP	MIAMI FL		4.4 CI	ITY - ST -	- 7IP							Ì	
TITLE								······································		Change	Addition	1	
NAME	GOODMAN, TERRY		5.2 NAN		Ì								
STREET ADDRESS 5200 NE 2 AVE			5.3 STREET A		DORESS								
CITY-ST-ZIP	MIAMI FL		5.4 CI	HTY - \$1 - 71P									
TITLE	D	DELETE								Change	Addition	1	
NAME	ROSE, MICHAEL		6.2 N	6.2 NAME									
STREET ADDRESS 3663 S MIAMI AVE			63 STRELT ADDR		DORESS								
CfTY-ST-ZIP	MIAMI FL		6400										
	y certify that the information supplie	d with this filing does not				ed in Se	ection 119 07(3)(i) Ele	orida Statutes	s. I further	certify the	at the	1	

I do need by certify that the information supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 anytress.

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