

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

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6363 Taft Street Suite, Apt. #, etc. 22 # 200 City & State 23 Zip 24 33024	2a. Mailing Address 25 6363 Taft Street Suite, Apt. #, etc. 26 # 200 City & State 27 Hollywood, FL Zip 28 33024
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3. Date Incorporated or Qualified 06/12/1980	4. FEI Number 59-2008849
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 type="checkbox"/> Yes <input type="checkbox"/> 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) 6363 Taft Street, # 200
83
84 City Hollywood FL 85 Zip Code 33024

11. Pursuant to the provisions of Sections 607.0507 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	QUICK, LINDA S.
STREET ADDRESS	8181 MIAMI LAKES DR
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	TD
NAME	FAYER, GEORGE
STREET ADDRESS	2001 W 68TH STREET
CITY-ST-ZIP	HALEAH FL
TITLE	D
NAME	CADERIN, CAROLINA
STREET ADDRESS	5959 NW 7 ST.
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	ULRICH, IRV
STREET ADDRESS	2500 SW 75 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	CD
NAME	GOODMAN, TERRY
STREET ADDRESS	5200 NE 2 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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:

Linda S. Quick

2/10/98 1954564-160

CP2E034 (10/97)