

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90080 030 \*\*\*150.00

DOCUMENT # F98000006960

1. Corporation Name

MEDICAL COMPLIANCE MANAGEMENT, INC.

Principal Place of Business

5707 E. HUBER ST.  
MESA AZ 85205-4334

Mailing Address

5707 E. HUBER ST.  
MESA AZ 85205-4334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1998

4. FEI Number

86-0932828

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

21

26

22

27

23

28

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, JILL L  
7523 SEURAT ST., STE. 103  
ORLANDO FL 32819-7330

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☐ DELETE

NAME BROWN, JAMES L  
STREET ADDRESS 7523 SEURAT ST., STE. 103  
CITY-ST-ZIP ORLANDO FL 32819-7330

1.1 TITLE PD ☒ Change ☐ Addition

TITLE CCEO ☐ DELETE

NAME HOLMES, PAUL G  
STREET ADDRESS 5707 E. HUBER ST.  
CITY-ST-ZIP MESA AZ 85205-4334

2.1 TITLE VCD ☒ Change ☐ Addition

TITLE DT ☐ DELETE

NAME BROWN, JILL L  
STREET ADDRESS 7523 S. HUBER ST., STE. 103  
CITY-ST-ZIP ORLANDO FL 32819-7330

2.2 NAME ☐ Change ☐ Addition

TITLE DS ☐ DELETE

NAME HOLMES, DEANNA L  
STREET ADDRESS 5707 E. HUBER ST.  
CITY-ST-ZIP MESA AZ 85205-4334

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 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, with all other like empowered.

SIGNATURE:

Jill L Brown  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Mar 99

Date

407-248-0519

Daytime Phone #

CR2E034 (11/98)