## 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** 

## DOCUMENT # F98000006960

1. Corporation Name

MEDICAL	COMPLIANCE MANAGEMEN	IT, INC.							
Principal Place	e of Business	Mailing Address		·····		f (001500 ling nær ignit bott og		:IE E)  4 (E()D E	IŞIL BULL IBUL
707 E. HUBER		5707 E. HUBER ST.						)	
MESA AZ 85205-4334 MESA AZ 85205-4334						DO NOT WR	ITE IN THIS	SPACE	
					-	3. Date Incorporated or Qualifed		- TOL	
						12/22/1998			•
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apı	plied For
21			eura	tSt		86-0932828	· ·	·No	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22		27 Suite 10	<u> </u>	<u></u>		0, 00,000 0,		Fee Re	
City & State	е	City & State		ī i		6. Election Campaign Financing		\$5.00	
23	-	28 Orlando	) 1	untry	<u> </u>	Trust Fund Contribution		Added to	o rees
Zip	Country	Zip VS4 2.7X19	30	"ŬSA		<ol><li>This corporation owes the cur Personal Property Tax.</li></ol>	rent year inta		No
24	9. Name and Address of Current	Pagistered Agent	[30]	<u> </u>		10. Name and Address of New	Registered /		
	5. Name and Address of Content	registored Agont		81 Name		Min and			
BROV	WN, JILL L			92 Ctroot	A dd-000	/D.O. Boy Mumber is Not Accen	table)		
7523	SEURAT ST., STE. 103	•		82 Street	Address	(P.O. Box Number is Not Accep	aule)		
ORLA	NDO FL 32819-7330			83					_
				84 City			<del></del>	85 Zip (	Code
							FL	1 1	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	f Florida. Such change was	authorized	a by the corpo	corporation's	tion submits this statement for the board of directors. I hereby acce	e purpose of options of the property of the appointment of the property of the	changing its itment as re	registered gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fi	lorida Stat	utes.					
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Fi	lorida Stat	ures.					
agent. I a SIGNATURE	im familiar with, and accept the obligation	and title if applicable. (NO	lorida Stat	utes. d Agent signature n			DATE		
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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.

6.4 CITY-ST-ZIP

SIGNATURE:



Apr 21, 1999 8:00 am Secretary of State

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