FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

5-1-95 B-3

CORPORATION ANNUAL REPORT 1995 5/1/95

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

APPROVED AND FILED

95 MAY -1 PM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H54174 (8)

1. Corporation Name

PALM BEACH MEDICAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2161 PALM BCH LKS BLVD STE 306 WEST PALM BEACH FL 33409	2161 PALM BCH LKS BLVD STE 306 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/24/1985

3a. Date of Last Report: 05/01/1994

	2. Principal Place of Business	2a. Mailing Address
21	2161 Palm Beach Lakes Blvd	26 2161 Palm Beach Lakes Blvd
Suite, Apt. #, etc. 22	Suite 410	27 Suite 410
City & State 23	West Palm Beach, FL	28 West Palm Beach, FL
Zip 24	33409	29 33409
Country 25	Palm Beach	30 Palm Beach

4. FEI Number: 59-2542680 ☐ 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

PEARCE, LINDA
2161 PALM BEACH LAKES BLVD
SUITE 410
WEST PALM BEACH FL 33409

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☐ Change ☐ Addition
NAME	TRUE, DAVID R.	1 2 NAME	
STREET ADDRESS	2161 PALM BCH LAKES BLVD	1 3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	1 4 CITY-ST-ZIP	
TITLE	DS	2 1 TITLE	☐ Change ☐ Addition
NAME	DENNEY, EARL L. JR.	2 2 NAME	
STREET ADDRESS	2161 PALM BCH LAKES BLVD	2 3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	2 4 CITY-ST-ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	SEARCY, CHRISTIAN D.	3 2 NAME	
STREET ADDRESS	2161 PALM BCH LAKES BLVD	3 3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	3 4 CITY-ST-ZIP	
TITLE	ST	4 1 TITLE	☐ Change ☐ Addition
NAME	PEARCE, LINDA	4 2 NAME	
STREET ADDRESS	2161 PALM BCH LAKES	4 3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 Pearce, Sec./Treas. 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #

0244402 CP