

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:08

DOCUMENT # JO1007 (O)

1. Corporation Name

INDEPENDENT MEDICAL AND DENTAL CONSULTANTS, INC.

Principal Place of Business

Mailing Address

2215 OLD MARLTON PIKE MARLTON
MARLTON NJ 08053
US

6736 LONE OAK BOULEVARD
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/24/1986
3a. Date of Last Report 05/23/1994

4. FEI Number 22-2436812
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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 2215 Old Marlton Pike
Suite, Apt. #, etc.
22 PO Box 448
City & State
23 Marlton, NJ
Zip
24 08053
Country
25 Burlington
26 2215 Old Marlton Pike
Suite, Apt. #, etc.
27 PO Box 448
City & State
28 Marlton, NJ
Zip
29 08053
Country
30 Burlington

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, HENRY PAUL
6736 LONE OAK BOULEVARD
NAPLES FL 33942

81 Name Lieberman, Karen
82 Street Address (P.O. Box Number is Not Acceptable) 10515 N.W. 11th Ct.
83
84 City Plantation
85 Zip Code FL 33322

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. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Karen Lieberman

Signature of Agent or Person in Charge of Registered Agent and the corporation

2/20/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

1. TITLE PVS
2. NAME MORGENROTH, HERBERT B.
3. STREET ADDRESS 2215 OLD MARLTON PIKE
4. CITY, ST, ZIP MARLTON NJ
5. TITLE TD
6. NAME MORGENROTH, HERBERT B.
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100. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct to the best of my knowledge and belief. I am an officer or director of the corporation and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

H. Herbert B. Morgenroth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. HERBERT B. MORGENROTH

1-15-95

609-506-8100