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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:08

DOCUMENT # J01007 (0)

1. Corporation Name

INDEPENDENT MEDICAL AND DENTAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2215 OLD MARLTON PIKE MARLTON MARLTON NE 08053 US	6736 LONE OAK BOULEVARD NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

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

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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

JOHNSON, HENRY PAUL
6738 LONE OAK BOULEVARD
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: Lieberman, Karen
82 Street Address (P.O. Box Number is Not Acceptable): 10515 N.W. 11th Ct.
83
84 City: Plantation FL
85 Zip Code: 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Karen Lieberman — 2/20/95
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	PVS
NAME	MORGENROTH, HERBERT B.
STREET ADDRESS	2215 OLD MARLTON PIKE
CITY-ST-ZIP	MARLTON NJ
TITLE	TD
NAME	MORGENROTH, HERBERT B.
STREET ADDRESS	2215 OLD MARLTON PIKE
CITY-ST-ZIP	MARLTON NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I [illegible] hereby certify that the information supplied with this filing [illegible] Florida Statutes. [illegible] appears in Block 12 or Block 13 if changed, or on an attachment with an address [illegible]

SIGNATURE: Herbert B. Morgenroth — 1-15-95 — 609-596-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DR. HERBERT B MORGENROTH

0320001 CP