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

PROFIT CORPORATION **ANNUAL REPORT**

1998

STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name J01007

(0)

INDEPENDENT MEDICAL AND DENTAL CONSULTANTS, INC.

Principal Place of Business Mailing Address 2215 OLD MARLTON PIKE 2215 OLD MARLTON PIKE P O BOX 448 P O BOX 448 MARLTON NJ 08053 MARLTON NJ 08053 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 22-2436812 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζiρ Country Country Zip This corporation owes or has paid the current year Intangible Yes Yes ☐ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LIEBERMAN, KAREN 81 Name 10515 N.W. 11TH CT **B2** Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33322** ВЭ 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride 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 punted name of registered agent and blie if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change X Addition President, Vice-Pres. **GROSS. DEBRA** NAME 1.2 NAME Gross, Debra 2215 OLD MARLTON PIKE STREET ADDRESS 1.3 STREET ADDRESS 2215 Old Marlton Pike **MARLTON NJ** CITY-ST-ZIP 1.4 CITY - ST - ZIP Marlton, NJ 08053 TITLE DELETE 2.1 TITLE Change Addition MORGENROTH, HERBERT B. NAME 2.2 NAME 2215 OLD MARLTON PIKE STREET ADDRESS 2.3 STREET ADDRESS **MARLTON NJ** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME

6.4 CITY-ST-ZIP 14. Thereby 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 logal 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

3 3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

4.4 CITY - ST - ZIP

3.4. CITY - ST - ZIP

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

L_ DELETE

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DELETE

(10/97 CRZEG34

Change

Change

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Addition

Addition

Addition

FILED

May 13 1998 8:00am

Secretary of State