

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90113 050 \*\*\*150.00

DOCUMENT # J01007

1. Corporation Name

INDEPENDENT MEDICAL AND DENTAL CONSULTANTS, INC.

Principal Place of Business

2215 OLD MARLTON PIKE  
P O BOX 448  
MARLTON NJ 08053  
US

Mailing Address

2215 OLD MARLTON PIKE  
P O BOX 448  
MARLTON NJ 08053  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1986

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 36 W. RT. 70, PO BOX 448  
Suite, Apt. #, etc.

22 SUITE 214

City & State

23 MARLTON, NJ

Zip

24 08053

Country

25 BURLINGTON

2a. Mailing Address

26 36 W. RT. 70, PO BOX 448  
Suite, Apt. #, etc.

27 SUITE 214

City & State

28 MARLTON, NJ

Zip

29 08053

Country

30 BURLINGTON

9. Name and Address of Current Registered Agent

LIEBERMAN, KAREN  
10515 N.W. 11TH CT  
PLANTATION FL 33322

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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 S ☐ DELETE

NAME GROSS, DEBRA  
STREET ADDRESS 2215 OLD MARLTON PIKE  
CITY-ST-ZIP MARLTON NJ

TITLE TD ☐ DELETE

NAME MORGENROTH, HERBERT B.  
STREET ADDRESS 2215 OLD MARLTON PIKE  
CITY-ST-ZIP MARLTON NJ

TITLE PVP ☐ DELETE

NAME GROSS, DEBRA  
STREET ADDRESS 2215 OLD MARLTON PIKE  
CITY-ST-ZIP MARLTON NJ 08053

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☒ Change ☐ Addition

1.2 NAME GROSS, DEBRA  
1.3 STREET ADDRESS 36 W. RT 70, STE 214, PO BOX 448  
1.4 CITY-ST-ZIP MARLTON, NJ 08053

2.1 TITLE TD ☒ Change ☐ Addition

2.2 NAME MORGENROTH, HERBERT B.  
2.3 STREET ADDRESS 36 W. RT 70, STE 214, PO BOX 448  
2.4 CITY-ST-ZIP MARLTON, NJ 08053

3.1 TITLE PVP ☒ Change ☐ Addition

3.2 NAME GROSS, DEBRA  
3.3 STREET ADDRESS 36 W. RT 70, STE 214, PO BOX 448  
3.4 CITY-ST-ZIP MARLTON, NJ 08053

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

609-596-8100

Daytime Phone #

CR2E034 (1/98)

0544593