

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90220 022 \*\*\*150.00

**DOCUMENT # J01007**

1. Entity Name  
**INDEPENDENT MEDICAL AND DENTAL CONSULTANTS, INC.**

Principal Place of Business

Mailing Address

36 W. RT. 70, PO BOX 448  
 SUITE 214  
 MARLTON NJ 08053  
 US

36 W. RT. 70, PO BOX 448  
 SUITE 214  
 MARLTON NJ 08053  
 US

2. Principal Place of Business

2215 Old Marlton Pike

3. Mailing Address

PO Box 448

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marlton, NJ

City & State

Marlton, NJ

4. FEI Number **22-2436812**

Applied For

Not Applicable

Zip  
 08053

Country

Burlington

Zip  
 08053

Country

Burlington

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S</b> <b>GROSS, DEBRA</b> <b>36 W. RT 70, STE. 214, PO BOX 448</b> <b>MARLTON NJ 08053</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TD</b> <b>MORGENROTH, HERBERT B.</b> <b>36 W. RT 70, STE. 214, PO BOX 448</b> <b>MARLTON NJ 08053</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PVP</b> <b>GROSS, DEBRA</b> <b>36 W. RT 70, STE. 214, PO BOX 448</b> <b>MARLTON NJ 08053</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S</b> <b>Gross, Debra</b> <b>2215 Old Marlton Pike</b> <b>Marlton, NJ 08053</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TD</b> <b>Morgenroth, Herbert B.</b> <b>2215 Old Marlton Pike</b> <b>Marlton, NJ 08053</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PVP</b> <b>Gross, Debra</b> <b>2215 Old Marlton Pike</b> <b>Marlton, NJ 08053</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment to my address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01  
 Date

856-546-8100  
 Daytime Phone # **X3319**

CR2E034 (10/00)