

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

FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J03899** (8)

1. Corporation Name
MEDL CONSULTANTS, INC.

Principal Place of Business 13504 PALMWOOD LN. TAMPA FL 33624	Mailing Address 13504 PALMWOOD LN. TAMPA FL 33624-4417
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2. Principal Place of Business 21 7224 N. MOBLEY State, Apt. #, etc.		2a. Mailing Address 26 7224 N MOBLEY RD State, Apt. #, etc.		3. Date Incorporated or Qualified 03/13/1986	3a. Date of Last Report 03/05/1996
22 City & State ODESSA FL		27 City & State ODESSA FL		4. FEI Number 59-2648692	Applied For <input type="checkbox"/> Not Applicable
23 Zip 33556	Country Hillsborough	28 Zip 33556	Country Hillsborough	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33556		25 Hillsborough		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
26 33556		27 Hillsborough		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PHILLIPS, GEORGE W. 14502 N DALE MABRY TAMPA FL 33618				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PHILLIPS, GEORGE W		1.2 NAME	
STREET ADDRESS 14502 N DALE MABRY		1.3 STREET ADDRESS	
CITY - ST - ZIP TAMPA FL		1.4 CITY - ST - ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPURLINO, CYRUS W.		2.2 NAME	
STREET ADDRESS 13504 PALMWOOD LN.		2.3 STREET ADDRESS	7224 N MOBLEY RD
CITY - ST - ZIP TAMPA FL		2.4 CITY - ST - ZIP	ODESSA FL 33556
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **Cyrus W Spurlino** **3-25-97** **813-968-2007**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)