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

Apr 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)J03899 MEDL CONSULTANTS, INC. Principal Place of Business Mailing Address 7224 N MOBLEY 7224 N MOBLEY ODESSA FL 33556 ODESSA FL 32556 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 59-2648692 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Country Zip Country 33*5*5 Yes X No 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PHILLIPS, GEORGE W. 14502 N DALE MABRY 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33618** 63 84 City Zip Code 85 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) Signature, typed or printed name of registered agent and title if applicable DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE DELETE 1.1 THLE Change PHILLIPS, GEORGE W NAME 1.2 NAME CR2E034 14502 N DALE MABRY STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 2 1 TITLE SPURLINO, CYRUS W. 22 NAML NAME 7224 N MOBLEY STREET ADDRESS 2.3 STREET ADDRESS ODESSA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DEL ETE 3 1 TITUE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TIFLE NAME 4. 2 NAM8 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 4 4 CiTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 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 legal effect as if made under early, that I am an officer or director of the corporation or the receiver or truestee 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 any address.

EYRUS W. SPURLINO

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