


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

FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # J15442 (3)</b> 1. Corporation Name <b>FROSCH HEALTH CARE CONSULTANTS, INC.</b>			
Principal Place of Business <b>11612 N.W. 5TH STREET PLANTATION FL 33325 US</b>		Mailing Address <b>11612 N.W. 5TH STREET PLANTATION FL 33325-1800 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent <b>FLASTER, LAWRENCE 8211 W BROWARD BLVD STE 230 PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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 12.1 TITLE <input type="checkbox"/> DELETE NAME <b>PD FROSCH, BENJAMIN</b> STREET ADDRESS <b>11612 NW 5 STREET</b> CITY-ST-ZIP <b>PLANTATION FL 33325</b> 12.2 TITLE <input type="checkbox"/> DELETE NAME <b>VPD BERMAN, RICHARD</b> STREET ADDRESS <b>9631 N.W. 11TH STREET</b> CITY-ST-ZIP <b>PLANTATION FL</b> 12.3 TITLE <input type="checkbox"/> DELETE NAME <b>D FLASTER, LAWRENCE</b> STREET ADDRESS <b>9541 N.W. 13TH STREET</b> CITY-ST-ZIP <b>PLANTATION FL</b> 12.4 TITLE <input type="checkbox"/> DELETE NAME <b>TD EPSTEIN, JOSEPH A.</b> STREET ADDRESS <b>700 S.E. THIRD AVE, #400</b> CITY-ST-ZIP <b>FT. LAUDERDALE FL</b> 12.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 12.6 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP 13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP 13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP 13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 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: _____ DATE: <b>1/10/97</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)