

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moultrie
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J55177 (6)

1. Corporation Name
MEDICAL OFFICE CONSULTANTS, INC.

Principal Place of Business

5636 HANSEL AVENUE
ORLANDO FL 32809

Mailing Address

5636 HANSEL AVENUE
ORLANDO FL 32809



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

HITE, KELLY
8100 CHIANTI DRIVE
ORLANDO FL 32819

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, Florida Statutes, the above named corporation, agent, 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. Thereby accept the appointment as registered agent. I am

SIGNATURE

Signature of Registered Agent

OFFICERS AND DIRECTORS

12.

1. NAME

2. STREET ADDRESS

3. CITY, ST, ZIP

4. NAME

5. STREET ADDRESS

6. CITY, ST, ZIP

7. NAME

8. STREET ADDRESS

9. CITY, ST, ZIP

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

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29. STREET ADDRESS

30. CITY, ST, ZIP

13.

1. NAME

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26. STREET ADDRESS

27. CITY, ST, ZIP

28. NAME

29. STREET ADDRESS

30. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(a), 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 registered 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 amendment to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)