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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J55177 (6)  MEDICAL OFFICE CONSULTANTS, INC.  Principal Place of Business Mailing Address  5636 HANSEL AVENUE 5636 HANSEL AVENUE ORLANDO FL 32809-4218					
				3. Date Incorporated or Qualified 02/02/1987	3a. Date of Last Report 03/18/1996
2. Principa P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	1-1-1-1	26		59-2770836	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζip	Country	Zip	Country	8. This corporation has liability for	ntangible tax under s. 199.032,
24	25 9. Name and Address of Cur	29]	30	Florida Statutes  10. Name and Address of New Re	Yes No
LITE	KELLY	taur uadistalan wäem	81 Name	IU. Hallie and Address of New No	Aistelan Waciit
	O CHIANTI DRIVE		82 Street Add	ress (P.O. Box Number is Not Acceptab	do)
	ANDO FL 32819		51 Street Add	ress (P.O. Box Number is Not Acceptat	nej
			63		
			84 City	*	85 Zip Code
		2000 AMELICOT 1000 Elacata Cialida			
office or i	to the provisions of Sections 607.tregistered agent worth, in the Sections for the Section for the Sectin	0502 and 607.1508, Florida Statut rate of Florida. Such change was a	es, the above-named cor authorized by the corpora orida Statutes	polation submits this statement for the p tion's board of directors. I hereby accep	of the appointment as registered
	to the provisions of Sections 607.1 registered agent or both, in the Sam familiar with, and accept the ob-	05:02 and 607,1508, Florida Statut tate of Florida. Such change was a strangers of Section 607,0505, Florida	es, the above-named cor authorized by the corpora orida Statutes.	polation submits this statement for the pation's board of directors. I hereby acception	the appointment as registered
office or agent. La SIGNATURE	to the provisions of Sections 607. The Security of the Security and according to the Security and according to the Security of	/ Kelly I	4ite)	3-2	of the appointment as registered
SIGNATURE	algorate typed or entering the of gasters	AND DIRECTORS (NOT	E Registered Agent signature requi	3-2	DATE DERS AND DIRECTORS IN 12
SIGNATURE  12.  Title	Step the typed of mind the of types of OFFICERS	Administration applicable (NOT	E Registered Agent signature requi	ired when reinstating)	25-97 DATE
SIGNATURE  12. TITLE NAME	D HITE, KELLY	AND DIRECTORS (NOT	E Registered Agent signature required 13.  1.1 TITLE  1.2 NAME	ired when reinstating)	DATE DERS AND DIRECTORS IN 12
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64 CITY-ST-ZIP

14. If 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

SIGNATURE:

**FILED** 

Apr 02 1997 8:00am

Secretary of State