FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J73652** **(6)**

1. Corporation Name

COMPUTERIZED MEDICAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
~~470 PALM AVENUE~~ ~~HIALEAH FL 33010~~ ~~US~~ 3722 N.W. 73 St Miami FL. 33147	~~470 PALM AVENUE~~ ~~HIALEAH FL 33010~~ ~~US~~ 3722 N.W. 73 St. Miami FL 33147

2. Principal Place of Business
21: 3722 N.W. 73 St
22: Suite, Apt. #, etc.:
23: City & State: Miami Fla.
24: Zip: 33147
25: Country: U.S.A.

2a. Mailing Address
26: Same
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

3. Date Incorporated or Qualified: 05/20/1987
3a. Date of Last Report: 03/15/1995
4. FEI Number: 65-0002854 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~SCHNEIDER JEROME~~
~~470 PALM AVENUE~~
~~SUITE 205A~~
~~HIALEAH FL 33010~~

SCHNEIDER, JEROME
3722 N.W. 73 St.
MIAMI FL. 33147

10. Name and Address of New Registered Agent

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 607.1508, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	SCHNEIDER, JEROME		1.2 NAME	SCHNEIDER JEROME	
STREET ADDRESS	~~470 PALM AVENUE~~		1.3 STREET ADDRESS	3722 N.W. 73 St.	
CITY-ST-ZIP	~~HIALEAH FL~~		1.4 CITY-ST-ZIP	Miami FL. 33147	
TITLE	~~SD~~	☐ DELETE	2.1 TITLE	T D	☒ Change ☐ Addition
NAME	~~WOLAR, WILLIAM~~		2.2 NAME	William Wolar	
STREET ADDRESS	~~1180 ROBIN STREET~~		2.3 STREET ADDRESS	1180 Robin St.	
CITY-ST-ZIP	~~MIAMI SPRINGS FL~~		2.4 CITY-ST-ZIP	Miami Springs FL.	
TITLE		☐ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME			3.2 NAME	Janice Schneider	
STREET ADDRESS			3.3 STREET ADDRESS	3722 N.W. 73 St	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Miami FL. 33147	
TITLE		☐ DELETE	4.1 TITLE	VP	☐ Change ☒ Addition
NAME			4.2 NAME	Mark Schneider	
STREET ADDRESS			4.3 STREET ADDRESS	12170 SW. 112 Ave	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami FL - 33176	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: _____ JEROME SCHNEIDER 3/1/96 305-836-1590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)