

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K21345 (9)

1. Corporation Name

HEALTH SEMINAR & MANAGEMENT CONSULTANTS, INC.



Principal Place of Business

600 LURLEEN WALLACE BLVD S  
COURTHOUSE PLAZA STE 160  
TUSCALOOSA AL 35401

Mailing Address

600 LURLEEN WALLACE BLVD S  
STE 160  
TUSCALOOSA AL 35401  
US

3. Date Incorporated or Qualified  
04/20/1988

3a. Date of Last Report  
03/17/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0044079

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

10. Name and Address of New Registered Agent

KRAMER, ROBERT M.  
4000 HOLLYWOOD BLVD. STE 485 S  
HOLLYWOOD FL 33021

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 agent 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the filer, if applicable

Signature of Registered Agent required when resigning

DATE

2/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
D ROSEN, STANFORD  
STREET ADDRESS  
600 LURLEEN WALLACE BLVD S, STE 160  
CITY-STATE-ZIP  
TUSCALOOSA AL 35401

1.1 TITLE ☐ Change ☒ Addition

12 NAME  
13 STREET ADDRESS

14 CITY-STATE-ZIP

Tuscaloosa, AL 35401

TITLE ☐ DELETE

NAME  
D ROSEN, JOAN  
STREET ADDRESS  
600 LURLEEN WALLACE BLVD S, STE 160  
CITY-STATE-ZIP  
TUSCALOOSA AL 35401

2.1 TITLE ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS

24 CITY-STATE-ZIP

600 Lurleen Wallace Blvd., S, STE 160  
Tuscaloosa, AL 35401

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

700001740087  
-03/12/96--01090--019  
\*\*\*200.00

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)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

Date

Signature

2-11-96

CR2E034 (12/95)