

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Teresa B. Montano
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L21492 (8)

1. Corporation Name

M C M MEDICAL CONSULTANTS, INC.

Primary Place of Business

**1110 BOUNTY BOULEVARD
VERO BEACH FL 32963**

Mailing Address

**1110 BOUNTY BOULEVARD
VERO BEACH FL 32963**

THE FIRST MONTH OF FISCAL YEAR

3. Date Incorporated (or Revised)
10/10/1989

3a. Date of Last Report
05/01/1994

2. Fiscal Year (1995)
21

2a. Mailing Address
26

4. FID Number
65-0139197

Applied For
Not Applicable

22. State Agent of
22

27. State Agent of
27

5. Certificate of Status (Required)
☐

**\$8.75 Additional
Fee Required**

23. State Agent of
23

28. State Agent of
28

6. Election Campaign Financing
Direct Fund Contributions
☐

**\$5.00 May Be
Added to Fees**

24. State Agent of
24

25. State Agent of
25

29. State Agent of
29

30. State Agent of
30

8. Mailing Address (Required)
Florida Statutes ☒ ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAPPEL, ROBERT
1110 BOUNTY BLVD.
VERO BEACH FL 32963-9563**

81. Name

82. Mailing Address (Not Required for New Agent)

83. Name

84. Name

FL 85

11. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am the duly authorized representative of the corporation named herein, and that I am the duly authorized representative of the corporation named herein, and that I am the duly authorized representative of the corporation named herein.

12. Signature

**D
RAPPEL, ROBERT
1110 BOUNTY BLVD.
VERO BCH FL**
**D
JOSETTE M. RAPPEL
1110 BOUNTY BLVD
VERO**

13. Signature

**D
JOSETTE M. RAPPEL
1110 BOUNTY BLVD
VERO BEACH, FL 32963**

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida, and that I am the duly authorized representative of the corporation named herein, and that I am the duly authorized representative of the corporation named herein, and that I am the duly authorized representative of the corporation named herein.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT RAPPEL, Director

4-29-95 (A07) 234-8709