## 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

| DOCL | JMENT | # |  |  |  |  |  |
|------|-------|---|--|--|--|--|--|

L21492

(8)

| Principal Place of Business   Mairing Address   Place of Business   Place of Busines   | MCN  | MEDICAL CONSULTANTS  | i, INC.  |             |          |                    |  |                   |                 |                     |
|--|--|--|--|-------------|----------|--------------------|--|-------------------|-----------------|---------------------|
| VERO BEACH FI, 32883   | Principal Place                            | of Business  | Mailing Address  |             |          |                    |  | 8 filli Ordii bid | ill Bibli Bibli | † 610):1 010to 1000 |
| 2. Principal Place of Business   2a. Mailing Address   2. Principal Place of Business   2a. Mailing Address    |  |  |  |             |          |                    |  |                   |                 |                     |
| Sillo, Ayt. #, etc.   Section Companies Prevaints   Section Ayt. #, etc.   Section Companies Prevaints   Section Ayt. #, etc.   Section Companies Prevaints   Section Companies Ayer Prevaints   Section Address of Country   Section Companies Ayer Prevaints   Section Address of Country   Section Address of New Registered Agent   Section Companies Ayer Prevaints   Section Companies   Section Companies Ayer Prevaints   Section Companies   Section Secti |  |  |  |             |          |                    |  |                   |                 |                     |
| Suite, Apt. #, etc.    | 2. Principal Pla                           | ice of Business  | 2a. Mailing Address  | -           |          |                    | ••   | <del></del>       |                 | Applied For         |
| City & State    City & State   City &  |  |  |  |             |          | <del> </del>       | 65-0139197   |                   |                 | Not Applicable      |
| City & State    City & State   City & State   City & State   | <del></del>                                | , etc.   | - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '                          |             |          |                    | 5. Certificate of Status Desired   |                   |                 |                     |
| Zpp  | City & State                               |  | City & State   |             |          |                    | , -  |                   | \$5.00          | May Be              |
| See   195   29   29   30   Florida Statutes   1 vs   No   No   No   No   No   No   No   N  |  | Country  |  | TCou        | intry    |                    |  | ntannible ta      |                 |                     |
| Solution    |  | — ·  | <del>}</del>   |             | ,        |                    |  |                   | (0.,02. 2       | 100.002,            |
| RAPPEL, ROSERT 1110 BOUNTY BLVD. VERO BEACH FL 32963-9563  80  City FL 85 Zp Cc  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of principal series of specific gent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I haveby accept the appointment as reparted age random submits this statement for the purpose of principal series of age authorized by the corporation's board of directors. I haveby accept the appointment as reparted age and the registered age authorized by the corporation's board of directors. I haveby accept the appointment as reparted age and the registered age authorized by the corporation's board of directors. I haveby accept the appointment as reparted age authorized by the corporation's board of directors. I have by accept the appointment as reparted age and the registered age an |  |  |  |             |          |                    | 10. Name and Address of New Re   | egistered A       | gent            |                     |
| ### Page   Delete   D |  |  |  |             | 81       | Name               | -  |                   |                 |                     |
| Base   City   Change   City   Cit   |  |  |  |             | 62       | Street Add         | dress (P.O. Box Number is Not Acceptable   | e)                |                 |                     |
| TITLE DO DELETE 1110 BOUNTY BLVD.  THE DO DELETE 1110 BOUNTY BLVD. |  |  |  | ļ           |          |                    |  |                   |                 |                     |
| The 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 both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered age and accept the obligations of, Section 607.0005, Florida Statutes.  SIGNATURE:  DATE:  NOTE Registered Agent appraised when rerotating in the provision of the provision and the registered age and the registere | VERO B                                     | 3EACH FL 32963-9563  |  |             | ВЗ       | ı                  |  |                   |                 |                     |
| 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE:    12.   |  |  |  | İ           | 84       | City               |  | FL                | 85 Zir          | o Code              |
| 12. OFFICERS AND DIRECTORS  TITLE D ANAME RAPPEL, ROBERT 1110 BOUNTY BLVD. VERO BCH FL  TITLE NAME SIREET ADDRESS CITY-ST-ZIP VERO BEACH FL  OBLETE AME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST | or registere<br>familiar with<br>SIGNATURE | ed agent, or both, in the State of Floric<br>h, and accept the obligations of, Secti | da. Such change was authorize<br>ion 607.0505, Florida Statutes. | ed by the c | corpo    | oration's boa      | ard of directors. Thereby accept the appoi   | as ineminic       | registered      | agent. I am         |
| TITLE  |  |  |  |             | - AGαiii | I signature requir |  |                   | DIRECTO         | RS IN 12            |
| NAME   RAPPEL, ROBERT   12 NAME   13 STREET ADDRESS   1110 BOUNTY BLVD.   13 STREET ADDRESS   1110 BOUNTY BLVD.   14 CHY-ST-ZIP  |  |  |  |             | ITLE     |                    | TWO THOUSAND TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TO THE TOTAL T |                   |                 | Addition            |
| 1110 BOUNTY BLVD.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   |  | _  | •  | 1.2 N/      | AME      |                    |  |                   |                 |                     |
| TITLE  | Į.   | -  |  | 1.3 ST      | TREET    | ADDRESS            |  |                   |                 |                     |
| NAME   RAPPEL, JOSETTE M   22 NAME   23 STREET ADDRESS   1110 BOUNTY BLVD.   24 CITY-ST-ZIP   VERO BEACH FL   24 CITY-ST-ZIP     Change  | CITY-ST-ZIP                                | VERO BCH FL  |  | 1.4 D/      | ITY-S    | T-ZIP              |  |                   |                 |                     |
| 1110 BOUNTY BLVD.   23 STREET ADDRESS   24 CITY-ST-ZIP   |  | •  | ☐ DELETE   | 2 1 T       | ITLE     |                    |  |                   | ) Change        | ☐ Addition          |
| CITY-ST-ZIP  | NAME                                       |  |  | 22 N/       | 22 NAME  |                    |  |                   |                 |                     |
| TITLE  | STREET ADDRESS                             |  |  | 2351        | TREET    | ADDRESS            |  |                   |                 |                     |
| NAME   |  | VERO BEACH FL  | E3 or exc  |             |          | T-ZIP              |  |                   | 7 05 3000       | Addition            |
| STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY - ST - ZIP  |  |  | M DEFFEIF  |             |          |                    |  | L                 | ] Unange        | ☐ Addition          |
| STREET ADDRESS   STRE   |  |  |  |             |          |                    |  |                   |                 |                     |
| DELETE   |  |  |  |             |          |                    |  |                   |                 |                     |
| NAME   |  |  | DELETE   |             |          | T-ZIP              |  |                   | 7 Change        | Addition            |
| STREET ADDRESS   |  |  | Doctor   |             |          |                    |  | _                 | ] 0             | L., 1942-1-1        |
| A4 CITY - ST - ZIP   |  |  |  |             |          | ADDRESS            |  |                   |                 |                     |
| TITLE         DELETE         5 1 TITLE         Change         Change           NAME         5.2 NAME <td></td>   |  |  |  |             |          |                    |  |                   |                 |                     |
| NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-S1-ZIP         5.4 CITY-S1-ZIP           TITLE         DELETE         6.1 TITLE         Change  |  |  | ☐ DELETE   |             |          |                    |  |                   | ] Change        | Addition            |
| STREET ADDRESS         5.3 STREET ADDRESS           CITY-S1-ZIP         5.4 CITY-S1-ZIP           TITLE         DELETE         6.1 TITLE         Change  |  |  |  |             |          |                    |  |                   | _               | -                   |
| CITY-S1-2IP  |  |  |  | 5.3 S       | TREET    | ADDRESS            |  |                   |                 |                     |
| THILE DELETE 6.1 TITLE Change  | 1  |  |  | 5.4 CI      | JTY - S  | iT-ZIP             |  |                   |                 |                     |
| NAME 6.2 NAME  |  |  | DELETE   |             |          |                    |  |                   | Change          | ☐ Addition          |
|  | NAME                                       |  |  | 6.2 N       | AME      |                    |  |                   |                 |                     |
| STREET ADDRESS 63 STREET ADDRESS   | STREET ADDRESS                             |  |  | 6.3 S       | TREET    | ADDRESS            |  |                   |                 |                     |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP 6. | CITY - ST - ZIP                            |  |  |             |          |                    |  |                   |                 |                     |

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 13 or Block 13 if changes or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

4-18-96 Apy 234-8709