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 # L60665

(1)

PRACTICE CONSULTANTS, INC.

FILED									
Jan 15 1997 8:00am									
Secretary of State									



US 1. Date incorporated or Qualified 3a. Date of Last Report 1. Date incorporated or Qualified 33. Date of Last Report 1. Date incorporated or Qualified 34. Date of Last Report 1. Date incorporated or Qualified 35. Date incorporated or Qualified 1. Dat	Principal Place		Mailing Address				i idation: bio aret altria anim aribi att	. 41511 81911 4	ABM BIBLI E	1811 418 11 1	.001	
Solid April 4, etc.	SUITE 6170		SUITE 6170									
22. Main of Andress	US TE	. 02.770					· ·	1 · · · · · · · · · · · · · · · · · · ·				
Solic Apt #, etc. Solic Apt #, etc. 27	2. Principal Pl.	ace of Business	2a. Mailing Address		,		4. FEI Number				For '	
City & Status Sity City City City City City City City City City City	1			·			59-3009315	Not Applicable				
Trust Fund Contribution	Suite, Apt. (#, etc	l-¬ '	City & State			5. Certificate of Status Desired	1 h Cortificate of Statue Degrad				
Addition	City & State		h									
PARKER, TRUMAN SOS YA DELL ORD DR. #101 ALTAMONTE SPRINGS FL 32714 80 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 as registered office or registered opinion with the appointment as registered opinion or registered opinion or registered opinion or registered opinion in such as the appointment as the appointment as registered appointment as the appointment as registered appointment as the appointment as the appointment as the appointment as appointment as the appointment as the appointment as appointment as the appointment as the appointment as appointment	Zip		Zip	<u></u>			8. This corporation has liability for intangible tax under s. 199.032,					
PARKER, TRUMAN 505 VIA DELL DRO DR., #101 ALTAMONTE SPRINGS FL 32714 80 Be City FL	1 1		- · · · · · · · · · · · · · · · · · · ·	[30]							****	
Sof VA DELL DRO DR., #101 ALTAMONTE SPRINGS FL 32714 ### City FL 85 Zip Code ### City FL 85 Z	DAD				81	Name		3.0.0.00				
Ba	505		}	82	Street Add							
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Stetutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Shyri of Florida, Such change was authorized by the corporation's board of directors. I horoby accept the appointment as registered agent Lamination with purpose of corporation 607 0506, Florida Statutes SIGNATURE 12. OF FICHES AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTER PARKER, TRUMAN 508-VIA DELL'ORD DR., \$101 ALTAMONTE SPRINGS FL 32714 LACITY-ST-2P THE DELETE 11THE CRANGES CITY-ST-2P THE DELETE 31 THE CRANGES CITY-ST-2P THE DELETE 31 THE CRANGES CITY-ST-2P THE DELETE 41 THE CRANGES CITY-ST-2P THE DELETE 51 THE CRANGES CITY-ST-2P THE CRANGE SHEET ADDRESS CITY-ST-2P THE DELETE 51 THE CRANGES CITY-ST-2P THE CRANGE SHEET ADDRESS CITY-ST-2P THE CR	ALTA			83								
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 1 and familiar with					84	City			85 2	zip Code)	
office or registered agent, or both, is the Syrvio (Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am farmal an with, producencept the diputation of the control o	44 5	1.0.	0500 d 007 1100 Fireida Circ	45			and the state of t			a ita saa	-intornal	
ROLE Post part and the designation ROLE Registered Agent squared and their interlating) DATE	office or re agent. Lar	egistered agent, or both, in the S m familiar with, and accept the d	of Florida, Such change was a bligations of Section 607.0505, Flo	authorized orida Stati	l by ites	the corpora	ation's board of directors. I hereby acce	pt the app	ointment	as regis	tered	
PSTD		Signature, type Jior printed name or registen	diagont and the if applicable (NOTE	E: Registered	Ager	nt signature reco	uired when reinstating)	DATE				
NAME STREET ADDRESS OTY-ST-ZIP DELETE AT TITLE DELETE STREET ADDRESS OTY-ST-ZIP TITLE STR	12.		OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFIC	ERS AND				
SIREET ADDRESS OTY-ST-ZIP OTHER OTHE	TITLE				LĒ	-			Chan	ge 📙	Addition	
ALTAMONTE SPRINGS FL 32714	NAME		444	1 2 NA	ME							
DELETE DELETE TITLE Change Addition	STREET ADDRESS			1351	REET.	ADDRESS						
						T-ZIP			T Loss		Name of the leading o	
23 STREET ADDRESS CITY-S1-ZIP TITLE DELETE 31 TITLE 32 NAME STREET ADDRESS CITY-S1-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME ASSTREET ADDRESS CITY-S1-ZIP TITLE NAME 4.2 NAME ASSTREET ADDRESS CITY-S1-ZIP TITLE DELETE 5.1 TITLE DELETE DELETE 5.1 TITLE DELETE D			[] DELETE			l			L Unan	ge L	AUDITION	
Comparison of the control of the c												
INTILE INAME STREET ADDRESS CITY-ST-ZIP SA CITY-ST-ZIP SA CITY-ST-ZIP TITLE DELETE AT TITLE Change Addition Add												
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE Change Addition NAME A2 NAME A3 STREET ADDRESS CITY-ST-ZIP DELETE 51 TITLE Change Addition NAME 52 NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE Change Addition NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 52 NAME 63 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME 64 CITY-ST-ZIP TITLE NAME 65 NAME 66 STREET ADDRESS CITY-ST-ZIP TITLE NAME 66 NAME 66 STREET ADDRESS CITY-ST-ZIP TITLE NAME 67 NAME 68 NAME 68 STREET ADDRESS CITY-ST-ZIP TITLE NAME 69 NAME 68 STREET ADDRESS CITY-ST-ZIP TITLE NAME 69 NAME 69 NAME 69 NAME 69 NAME 60 STREET ADDRESS CITY-ST-ZIP TITLE NAME 61 STREET ADDRESS CITY-ST-ZIP TITLE NAME 61 STREET ADDRESS CITY-ST-ZIP TITLE NAME 62 NAME 63 STREET ADDRESS CITY-ST-ZIP TITLE NAME 64 CITY-ST-ZIP TITLE NAME 65 NAME 66 STREET ADDRESS CITY-ST-ZIP TITLE NAME 66 STREET ADDRESS CITY-ST-ZIP TITLE NAME 67 NAME 68 STREET ADDRESS CITY-ST-ZIP TITLE NAME 68 STREET ADDRESS CITY-ST-ZIP TITLE NAME 69 NAME 69 NAME 69 NAME 69 NAME 69 NAME 60 N			DECER			T - ZIP		- ;	TT Chan	FT	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AAddition AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Change Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Change Addition Addition Change Addition Change Addition Addition Addition The Change Addition Addition The Change Addition Change Addition Change Addition The Change Addit	Ĩ		☐ bereit	1					LJ Glian	الليا عوا	Modifical	
Street Address Stre	Į.											
TITLE DELETE 4.1 TITLE Change Addition AAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Addition Addition Change Addition Addition Addition Addition Change Addition Addition Addition Change Addition Addition Addition Addition The Change Addition Addition Addition The Change Additio												
A 2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition Addition Change Addition			DELETE	_		ST - ZIP			Chan	ine [7	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition Change Addition A	1		L. Detter.	1					U Cilan	یں ہو	nuumon	
CITY-ST-ZIP A4 CITY-ST-ZIP DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP DELETE 5.4 CITY-ST-ZIP DELETE 5.4 CITY-ST-ZIP TITLE DELETE 6.5 TITLE Change Addition Change Addition Additio						NDODECC						
TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.2 NAME STREET ADDRESS CHY-ST-ZIP 5.4 CHY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CHY-ST-ZIP 14.1 do nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual record of suppliermental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; the												
NAME STREET ADDRESS CITY - ST - ZIP TITLE DELETE 54 CITY - ST - ZIP 54 CITY - ST - ZIP Change Addition Addition Addition Addition STREET ADDRESS CITY - ST - ZIP 14. I do nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arroad accurate and that my signature shall have the same legal effect as if made under path; the			DELETE			1.715			Char	ine 🗔	Addition	
STREET ADDRESS CHY-ST-ZIP 5.4 CHY-ST-ZIP 5.4 CHY-ST-ZIP 5.4 TITLE 5.5 TITLE 5.6 TITLE 5.6 TITLE 5.7 NAME 5.8 STREET ADDRESS 6.9 STREET ADDRESS CHY-ST-ZIP 6.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CHY-ST-ZIP 6.4 CHY-ST-ZIP 1.4 I do nereby 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 arrowal record of 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 arrowal record of 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 arrowal record of 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 arrowal record of 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 arrowal record of 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 arrowal record of supplied with this filing does not qualify for the exemption indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this arrowal record of supplied with this filing does not qualify for the exemption indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this arrowal record of supplied with this filing does not qualify for the exemption indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii) in the supplication in the supplied with this filing does not qualify the sup	1		U. Decide							ليا ب		
STREET ADDRESS CITY-ST-ZIP 1. Ido nereby 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 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 arround record or 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 arround record or 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 arround record or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the						ADORESS						
THE DELETE 5 I TITLE DELETE 5 TITLE Change Addition	ì											
NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY - ST - ZIP 14. To nereby 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 arrows record or 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 arrows record or supplied entering and accurate and that my signature shall have the same legal effect as if made under path; the			DELETE			1 - 211			Chan	ige	Addition	
STREET ADDRESS CHY-ST-ZIP 14. I do nereby 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 arroyal record or 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 arroyal record or 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 arroyal record or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the			<u> </u>									
64 CITY-ST-ZIP 14. I do nereby 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 armual report of supplienced all annual report is true and accurate and that my signature shall have the same legal effect as if made under path; the	ļ					ADORESS						
14. I do nereby 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 armual report of suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; the						1						
	14. I do neret	in indicated on this arinual report	for supplemental annual report is t	fy for the	exe	mption state	at my signature shall have the same leg-	al effect e	s if made	under o	ath; the	

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR