Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90072 016 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L65479

KEY MEI	DICAL CONSULTANTS, INC	,, ,							
Principal Place	of Business	Mailing Address		_		-	41817 81811 81811 1	11811 618	
2097 LAGUNA WAY NAPLES FL 33942 NAPLES FL 33942 NAPLES FL 33942						DO NOT WRITE IN	THIS SPACE	:	
						3. Date incorporated or Qualifed	THIS SPACE		
						04/10/1990			
2 Principal Pl	ace of Business	2a, Mailing Address				4. FEI Number		App	ied For
		<u> </u>	4	سرا	100	65-0200100		Not	Applicable
Suite, Apt.	+ etc.	26 2097 CAS Suite, Apt. #, etc.	- 2.		'		\$8.7	75 Ac	Iditional
22	.,	27			-	5. Certificate of Status Desired	Fe	e Req	uired
City & State	e	City & State		,		6. Election Campaign Financing	\$5.	.00 N	lay Be
23	somber EL	28 Minles	Countr	_		Trust Fund Contribution	Add	ded to	Fees
Zip	Country	Zip	Countr	у		8. This corporation owes the current ye	ar Intangible		_
24 341	09 25	29 34 109 3	0			Personal Property Tax.	Yes		33 vo
	9. Name and Address of Currer	nt Registered Agent		_		10. Name and Address of New Regist	ered Agent		
	NITHEL LAWRENCE O		8	1	Name				j
LEVENTHAL, LAWRENCE C				2	Street Addre	ess (P.O. Box Number is Not Acceptable)			
2097 LAGUNA WAY									
NAPLES FL 33942				3					
				4	City		85	Zip Co	ode
					•		FL	·	
l office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	norized b	y ti	ine corporatior	oration submits this statement for the purpon's board of directors. I hereby accept the	se of changin appointment a	ig its regi	egistered stered
SIGNATURE							ΤE		}
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R ND DIRECTORS	13.	ent	t signature required	ADDITIONS/CHANGES TO OFFICE		CTOF	2S IN 12
THLE	PD OFFICERS AF	DELETE	1.1 TITLE			ADDITIONS/OFFACES TO OFFICE	☐ Cha		Addition
	LEVENTHAL, LAWRENCE C.	<u> </u>	1.2 NAME				_	-	
NAME	2097 LAGUNA WY		1.3 STREET		ADDDECC				
STREET ADDRESS	NAPLES FL	1						341	04
CITY-ST-ZIP TITLE	NAPLES PL	☐ DELETE	1.4 CITY-		-219		Cha	ange	Addition
i l			2.2 NAME				_	•	_
NAME					ADDRESS				
STREET ADDRESS			2.4 CITY			- · · ·			
CITY-ST-ZIP TITLE		☐ DELETE	31 TITLE		ZIP		Cha	ange	Addition
]			3.2 NAME					•	_
NAME CTREET ADDRESS					ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST 4.1 TITLE		-211-		Cha	ange	Addition
NAME			4.2 NAM				_	-	
!			B .		ADDRESS				,
STREET ADDRESS			4.4 CITY-		ļ	•			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	_	- 211		☐ Cha	ange	Addition
NAME			5.2 NAME						

14. I hereby 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 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 an attachment with an address, with all other like empowered.

53 STREET ADDRESS

63 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

941-592-0862

☐ Change

☐ Addition