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AND
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L85783 (3)

1. Corporation Name

CARE MEDICAL CONSULTANTS, P.A.

Principal Place of Business

**15127 CARTER ROAD
STE 106
DELRAY BCH. FL 33446
US**

Mailing Address

**15127 CARTER ROAD
#106
DELRAY BEACH FL 33446
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/09/1990

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0204975

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZIPPER, HOWARD
15127 CARTER ROAD
SUITE 106
DELRAY BEACH FL 33446**

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 office 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PST

NAME

ZIPPER, HOWARD M.D.

STREET ADDRESS

15127 CARTER ROAD, #106

CITY - ST - ZIP

DELRAY BEACH FL

TITLE

D

NAME

ZIPPER, HOWARD M.D.

STREET ADDRESS

15127 CARTER ROAD, #106

CITY - ST - ZIP

DELRAY BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 110.07(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 assignee or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95

Date

407-495-2000

Daytime Phone #