## FILE NOW: FILING FEE AFTER MAY 18T IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

M73713

(3)

HEALTH CONSULTING SYSTEMS II, INC.

## **FILED** Apr 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address C/O L. VANETTE MCGLAWN C/O L. VANETTE MCGLAWN 6725 CEDAR RIDGE DR., P.O. BOX 7329 6725 CEDAR RIDGE DR., P.O. BOX 7329 ZEPHYRHILLS FL 33540 DO NOT WRITE IN THIS SPACE ZEPHYRHILLS FL 33540 3. Date Incorporated or Qualified 03/24/1988 Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For % Vanetie 59-2877545 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 MCGLAWN, VANETTE 5410 PINEBARK LN 82 **WESLEY CHAPEL FL 33543** 83 84 rwater 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, Segtion 607.0506, Florida Statutes. SIGNATURE hen reinstating) (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE Change TITLE 1.1 TITLE 29 Addition MCGLAWN, L. VANETTE NAME 1.2 NAME McGlawn, L. Vanette CR2E034 1582 Gulf Blud. # 1308 5410 PINEBARK LANE STREET ADDRESS 1.3 STREET ADDRESS WESLEY CHAPEL FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME .ite110 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST: ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 on an attachment with an address.