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 # M78367

INTERDISCIPLINARY PROGRAM CONSULTANTS, INC.

Principal Place	e of Business	Mailing Address		,	• • •	1 (20100) (1) (1000 (1) (1)	#1521 \$1511 \$1611 profit graft a.e.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12550 BISCAYNE BLVD 12550 BISCAYNE BLVD								
SUITE 700		SUITE 700				DO NOT WRITE IN THE SPACE		
N MIAMI FL 33	N. MIAMI FL 33181	IIAMI FL 33181			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
US		US		•	•	04/28/1988		-
						4. FEI Number	Applied F	<u></u>
2. Principal P	lace of Business	2a. Mailing Address				59-2893907	Not Appli	
21		26				39-2093907	\$8.75 Addition	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fee Required	
22		City & State				a Flatia Compain Figureing	\$5.00 May B	,
City & Stat	e .	⊢ ¬				6. Election Campaign Financing Trust Fund Contribution	. Added to Fees	
23	Ctm	Zip	Cou	intry		This corporation owes the current year.		
Zip ├──				Personal Property Tax.				
24	25 29 30 30 9. Name and Address of Current Registered Agent]30]	1	10. Name and Address of New Registered Agent			
	g, Name and Address or Currer	ir wadisteren waare		81	Name		T	
,							····	
POULIOT, EDITH				82	Street Add	ress (P.O. Box Number is Not Acceptable)		ļ
	MI FL 33144			83		190 1 12 12 12 12 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	That will been the day of the	<u> </u>
141120	MI 1 E 33 144			"		· · · · · · · · · · · · · · · · · · ·		65 [55]
				84	City	g in the state of	FL 85 Zip Code	141.454
April to But 1 h 275	96.61.6	A property of the state of the		Ш		and an authorite this statement for the purp	see of changing its registe	ered
Carting of	rogictored agent or both in the State	of Fiorida, Such change was	s aumonzec	שט נ	lite cui butati	poration submits this statement for the purp- ion's board of directors. I hereby accept the	appointment as registere	ed .
≧ Magent. La	mifamiliar with, and accept the obliga	ations of, Section 607.0505, I	Florida Stat	utes.				
SIGNATURE		100					VIE	_
	Signature, typed or printed name of registered age		TE: Registered	1 Agen	t signature require	ed when reinstating) D. ADDITIONS/CHANGES TO OFFICE		12
12.		ND DIRECTORS	1.1 T	m F	1	Applification of the second of		Addition
) TITLE	PSD THOMAS		1.2 N					1
NAME	MCCARTHY, THOMAS				ADDRESS			ļ
STREET ADDRESS	II					•		Į.
CITY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CI	ΠY∙\$1	I-ZIP		☐ Change ☐	Addition
TITLE			1)
NAME	}	•	2.2 N		4000000			ì
STREET ADDRESS		•			ADDRESS)
CITY-ST-ZIP	2,777,27162	- Clearer		TY-S	T-ZIP		Change	Addition
TITLE PO	HOT EDITH	DELETE	3.1 TI				C. 5.10.195	
NAME	OFFICE STATES IN THE STATE OF T		3.2 N					ţ
STREET ADDRESS	4.62.03141				ADDRESS	が、これではいる。		
CITY-ST-ZIP				OTY-S	T- ZIP		Change	Addition
TITLE			.4.1.TI	_		733 - 174 FE 1, 7 1 - 1 A		يــ عـ
NAME 12070 HISOAT	医 acve	1700		NAME			•	
STREET ADDRESS	5	Signing and	4.3 S	TREE	ADDRESS			
CITY-ST-ZIP	Nation 1							
TITLE	: F32	12 14 1		ITY-S	T-ZIP		□ Channa □	Addition
NAME	, F33	☐ DELETE	5.1 T	πĻΕ	T-ZIP	· ·	☐ Change ☐	Addition
	131	12 14 1	5.1 Ti 5.2 N	ITLE IAME		1979	☐ Change ☐	Addition
STREET ADDRESS		12 14 1	5.1 Ti 5.2 N 5.3 S	ITLE IAME STREET	r ADDRESS		☐ Change ☐	Addition
STREET ADDRESS	PSD 4.2.	DELETE	5.1 Ti 5.2 N 5.3 S 5.4 C	ITLE IAME STREET	r ADDRESS			
1	PSD MECHANISM CONTRACTOR	12 14 1	5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TI	ITLE STREET STY-S	r ADDRESS			Addition Addition
CITY-ST-ZIP:	PSD WAR FANG AND	DELETE	5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TI 6.2 N	TTLE TREET OTTY-S TTLE TAME	r address t-zip			
CITY-ST-ZIP:	PSD WAR PARTY OF THE PROPERTY	DELETE	5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TI 6.2 N	TTLE TREET OTTY-S TTLE TAME	r ADDRESS			

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

6.4 CITY-ST-ZIP

SIGNATURE

FILED

Feb 02, 1999 8:00am

Secretary of State

- - 100 100 11 111 11100 11100 11110 10111 1001 01011 01011 01011 01011 01011 01011 01011 01011 01011

02-02-1999 90018 022 ***158.75