FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19449** **(8)**

1. Corporation Name

HCSC ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1503 N. CEDAR CREST BLVD. STE. 205 ALLENTOWN PA 18104 US	2171 28TH ST S.W. , ALLENTOWN PA 18103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/31/1988**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **23-2210758** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No **FL Intangible Pers. Prpty.Tax**

9. Name and Address of Current Registered Agent

MEDICAL CONSUMER COUNSELING
1325 SAN MARCO BLVD.
STE. 401
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LEE, J. MICHAEL	12 NAME	
STREET ADDRESS	%2171 28TH STREET SW	13 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	CRIMMINS, TIMOTHY	22 NAME	
STREET ADDRESS	%2171 28TH STREET SW	23 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	MACRINA, JOSEPH	32 NAME	
STREET ADDRESS	1503 N. CEDAR CREST BLVD., STE. 205	33 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	FESTERMACHER, THOMAS	42 NAME	Fenstermacher, Thomas
STREET ADDRESS	%2171 28TH STREET SW	43 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☒ Change ☐ Addition
NAME	FEDERICK, SHIRLEY	52 NAME	Frederick, Shirley
STREET ADDRESS	%2171 28TH STREET SW	53 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	54 CITY-ST-ZIP	
TITLE	CD	61 TITLE	☐ Change ☐ Addition
NAME	SHANNON, DAVID	62 NAME	
STREET ADDRESS	C/O 2171 28TH ST, SW	63 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	64 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 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.

SIGNATURE: Thomas D. Fenstermacher 4/19/95 (610)791-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas D. Fenstermacher, V.P. Finance

0486303 FN