

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

FILED
Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P19449 (8)

1. Corporation Name
HCSC ENTERPRISES, INC.



Principal Place of Business
1503 N. CEDAR CREST BLVD.
STE. 205
ALLENTOWN PA 18104
US

Mailing Address
2171 28TH ST S.W.
ALLENTOWN PA 18103-7073

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/31/1988	3a. Date of Last Report 04/30/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 23-2210758		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FL Intangible Pers. Prop. 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

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, J. MICHAEL	1.2 NAME	
STREET ADDRESS	%2171 28TH STREET SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIMMINS, TIMOTHY	2.2 NAME	
STREET ADDRESS	%2171 28TH STREET SW	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACRINA, JOSEPH	3.2 NAME	
STREET ADDRESS	1503 N. CEDAR CREST BLVD., STE. 205	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENSTERMACHER, THOMAS	4.2 NAME	
STREET ADDRESS	%2171 28TH STREET SW	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICK, SHIRLEY	5.2 NAME	
STREET ADDRESS	%2171 28TH STREET SW	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON, DAVID	6.2 NAME	
STREET ADDRESS	C/O 2171 28TH ST, SW	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Thomas D. Fenstermacher Thomas D. Fenstermacher-V.P. Finance 4/2/97 610-791-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)