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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19449

(8)

HCSC ENTERPRISES, INC.

FILED
Apr 10 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address  1503 N. CEDAR CREST BLVD. 2171 26TH ST S.W STE. 205 ALLENTOWN PA 18103-7073  ALLENTOWN PA 18104								
S					<ol> <li>Date Incorporated or Qualifie 05/31/1988</li> </ol>		te of Last R <b>30/1996</b>	eport
Principal Pr	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
Suite, Apt	41 2.55	Suite, Apt. #, etc.			23-2210758			t Applicable
oute, rya	<b>+,</b> tu.	27 Stille, Apr. #, 616.			5. Certificate of Status Desired		\$8.75 A	
City & State	()	City & State	····		6. Election Campaign Financing	3	\$5.00	May Be
		28			Trust Fund Contribution			
Zφ	Country	Zip	<b>├</b> ──¬	untry	Trust Fund Contribution     This corporation has liability Florida Statutes     Name and Address of New	for intangible	tax upder §	deang 11
	25 9, Name and Address of Current	29 t Registered Agent	30	1	10. Name and Address of New	Registered	- Nopers	-Prop
MED				81 Name	, which will be a second of the second of th			**
MEDICAL CONSUMER COUNSELING 1325 SAN MARCO BLVD. STE. 401					dress (P.O. Box Number is Not Accep	otable)		
JAC	KSONVILLE FL 32207			83				
				84 City			85 Zip (	Code
				<u> </u>	orporation submits this statement for th	FL	<u> </u>	
agent La	m tamiliar with, and accept the obliga	ations of, Section 607.0505,	Florida Sta	ed by the corpor atutes.	·			
agent La INATURE	m familiar with, and accept the obligation of the stated age.  OF FICERS AND	ations of Section 607.0505,	Florida Sta	atutes. ed Agent signature req	guired when re-ristating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTOR	IS IN 12
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I. 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 fam 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

е **4/2/97** 610-791-2222

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