

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/31/1988	
21		26		4. FEI Number 23-2210758	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

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
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1	TITLE
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
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
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
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
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
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 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 - Vice President - Finance 3/26/98 (610) 791-2222**

CR2E034 (10/97)