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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DEPARTMENT OF CORPORATIONS

1996/12/21/96

B-73650

DOCUMENT # P93000007922 (6)

1. Corporation Name

GROUP PRACTICE CONSULTANTS, INC.



Principal Place of Business

115 SE 3RD AVE
SUITE 304
MIAMI FL 33131

Mailing Address

115 SE 3RD AVE
SUITE 304
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MCCALL-PEREZ, FRED
1717 N BAYSHORE DR #1756
MIAMI FL 33132

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 607.06-02 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 the corporation

Printed Name of Agent (if changing registered office, not filing)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MCCALL-PEREZ, FRED
1717 N. BAYSHORE DR., SUITE 1756
MIAMI FL 33132

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

DELETE

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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, and that I am duly authorized 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 15, 1996

CR2E034 (12/95)