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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000007922 (6)**

GROUP PRACTICE CONSULTANTS, INC.

Principal Place of Business Mailing Address 115 SE 3RO AVE 115 SE 3RD AVE SUITE 304 SUITE 304 MIAMI FL 33131 MIAMI FL 33131-2003 3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1993 07/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0411958 123 SE 31d ave 21 123 SE 3rd Ave Not Applicable Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Suite 304 Suite304 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm ID}$ Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCCALL-PEREZ, FRED 1717 N BAYSHORE DR #1756 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33132 83 City 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 for 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUR: see type the prince the wool expetent apent and blin it applicable (NOTE Registered Agent a greature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE 111,£ 1.1 THLE Change CoilibbA 🔲 MCCALL-PEREZ, FRED NAME 1.2 NAME 1717 N. BAYSHORE DR., SUITE 1756 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33132** 1.4 CITY-ST-ZIP DELETE Change 31115 2.1 TITLE ___ Addition NAV 2.2 NAME STREET 400HOS 2.3 STREET ADDRESS OIT SE A: 2. 4 CITY-ST-ZIP DELETE Change Addition 111.1 3.1 TITLE MAVE 3.2 NAME STREET ARRESTS 3.3 STREET ADDRESS CON SU ZIP 3.4. CITY-\$1-ZIP DELETE 3116 Change Addition 4.1 TITLE 4. 2 NAME 4.3 STREET AODRESS STREET ADDRESS CHY ST 7P 4.4 CITY-ST-ZIP DELETE Change Addition 11663 5.1 TITLE $[\epsilon^2 \lambda^*]$ 5 2 NAME 578ELL 400E033 5.3 STREET ADDRESS (347 - 51 - 71B) 5.4 CITY-ST-ZIP DELETE Change Addition 311.3 6.1 THLE NAV-6.2 NAME STREET ADURESS. **6.3 STREET ADDRESS**

SIGNATURE:

appears in Block 12 or Block

Fred McCall-Perez

6.4 CITY-ST-ZIP 14. I do nere by certify that the information supplied with this filting does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicate a on this are radius portion 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 efficer or director of the perportation or the perportation or the perportation or the perportation of the pe

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Mar 12 1997 8:00am

Secretary of State