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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P93000007922 (6)

GROUF	PRACTICE CONSULTANT	'S, INC.			1 1411 1411 1411 1411 1411
Principal Plac	e of Business	Mailing Address	<del></del>		
123 SE 3RD AVE SUITE 304 MIAMI FL 33131 US		123 SE 3RD AVE Suite 304 Miami FL 33131 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
UO		US		02/02/1993	
2. Principal F	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26 109 ERIV	O ALTO DR	65-0411958	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State	3 and Diamen	8. Election Campaign Financing	\$5.00 May Be
23	T 0		sad Proning	Trust Fund Contribution	Added to Fees
Zip	Country	29 33139	Country	8. This corporation owes or has paid the	
24	25 25 Name and Address of Curre		30 (15)	Personal Property Tax due June 30.  10. Name and Address of New Registe	
MC	CALL-PEREZ, FRED		81 Name		
17	17 N BAYSHORE DR #1756 AMI FL 33132		62 Street Addre	ess (P.O. Box Number is Not Acceptable)	
			84 City		FL 85 Zip Code
SIGNATURE	Signatura upot or pricted name of registered as	AKL	TE: Registored Agent signature require	oration submits this statement for the purpoon's board of directors. I hereby accept the dwhen reinstating)  DA  ADDITIONS/CHANGES TO OFFICERS	ye
TITLE	.D	☐ DELETE	11 THILE		Change Addition
NAME	MCCALL-PEREZ, FRED		1.2 NAME		
STREET ADDRESS	1717 N. BAYSHORE DR., SI	JITE 1756	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132	T DELETE	1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME Street address	İ		2.2 NAME 2.3 STREET ADDRESS	:	1
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TOLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		DELĘTE	4.4 CITY - ST - ZIP		Change Addition
TITLE	}	ר"ו הנולון:	5.1 TITLE		Change Addition
NAME CTREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		- Descrip	6.2 NAME		En similar En modition
STREET ADDRESS			6.3 STREET ADDRESS		
OWER WOUNDINGS	1		■ 0.0 UIDELI NUUNESS		

14. Thereby 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 changer, or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Jul 02 1998 8:00am

Secretary of State