

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000028390 (1)

1. Corporation Name

AMERICAN HEALTHCARE CONSULTANTS, INC.

REINSTATEMENT

Principal Place of Business

Mailing Address

1440 KENNEDY CAUSEWAY
SUITE 421
NORTH BAY VILLAGE FL 33141

1440 KENNEDY CAUSEWAY
SUITE 421
NORTH BAY VILLAGE FL 33141

2. Principal Place of Business

2a. Mailing Address

21 1720 Kennedy Cswy. Ste 109

26 1720 Kennedy Cswy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 109

27 109

City & State

City & State

23 N Bay Village FL

28 N. Bay Village FL

Zip

Zip

24 33141

29 33141

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/16/1993

07/15/1996

4. FEI Number

Applied For

65-0409358

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

FREEDMAN, MIKE
1440 KENNEDY CAUSEWAY
SUITE 421
NORTH BAY VILLAGE FL 33141

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1720 Kennedy Causeway

83 Suite 109

84 City N. Bay Village

FL

85 Zip Code 33141

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

Michael Freedman, President

10/28/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME FREEDMAN, MIKE
STREET ADDRESS 1440 KENNEDY CAUSEWAY
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141

TITLE V ☐ DELETE

NAME FREEDMAN, STEPHANIE K
STREET ADDRESS 1440 KENNEDY CAUSEWAY
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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-11/05/97-01067-014

****750.00 ****750.00

☐ Change ☐ Addition

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14. 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 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 43 if changed, or on any attachment with an address.

SIGNATURE: Stephanie Freedman, Stephanie Freedman 10/28/97 305-864-0021

APPROVED
AND
FILED

97 OCT 31 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)