FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000034045 (3)**

1. Corporation Name
CONSUL-MED, INC.

Principal Place of Business
3275 W. HILLSBORO BLVD.
SUITE 207
DEERFIELD BCH. FL 33442
US

Mailing Address
3275 W. HILLSBORO BLVD.
SUITE 207
DEERFIELD BCH. FL 33442
US

3. Date Incorporated or Qualified: **05/11/1993**
3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0410693** Applied For ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
MILLER, ALAN M.D.
3275 W. HILLSBORO BLVD.
SUITE 207
DEERFIELD BCH. FL 33442

10. Name and Address of New Registered Agent
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 607.0502 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 (if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P ☐ DELETE
NAME	MILLER, ALAN M.D.
STREET ADDRESS	3275 W. HILLSBORO BLVD., SUITE 207
CITY-ST-ZIP	DEERFIELD BCH. FL
TITLE	V ☑ DELETE
NAME	GONZALEZ, AURELIO
STREET ADDRESS	3275 W. HILLSBORO BLVD., SUITE 207
CITY-ST-ZIP	DEERFIELD BCH. FL
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER/SECRETARY ☐ Change ☑ Addition
1.2 NAME	WALLACE, MITCHELL
1.3 STREET ADDRESS	3275 W. HILLSBORO BLVD SUITE 207
1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
2.1 TITLE	VICE PRESIDENT ☐ Change ☑ Addition
2.2 NAME	LAZARUS, LESLIE
2.3 STREET ADDRESS	3275 W. HILLSBORO BLVD SUITE 207
2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 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: Mitchell Wallace MITCHELL WALLACE 4/9/96 954-421-6246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #