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 # P93000034055 (2)

1. Corporation Name

CONSUL-MED OF JACKSONVILLE, INC.

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

3. Date Incorporated or Qualified: 05/11/1993
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0410690 ☐ 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 I. MD
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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MILLER, ALAN MD	
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		

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 #

CR2E034 (12/95)