

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

8275 W. HILLSBORO BLVD.  
SUITE 207  
DEERFIELD BCH. FL 33442  
US

Mailing Address

3275 W. HILLSBORO BLVD.  
SUITE 207  
DEERFIELD BCH. FL 33442-9410  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/11/1993

3a. Date of Last Report

05/01/1996

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MILLER, ALAN MD  
STREET ADDRESS 3275 W. HILLSBORO BLVD., SUITE 207  
CITY-ST-ZIP DEERFIELD BCH. FL

TITLE TS  
NAME WALLACEM, MITCHELL  
STREET ADDRESS 3275 W HILLSBORO BLVD SUITE 207  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE VP  
NAME LAZARUS, LESLIE  
STREET ADDRESS 3275 W. HILLSBORO BLVD.  
CITY-ST-ZIP DEERFIELD BCH. FL 33442

TITLE TS  
NAME SYED NAQVI  
STREET ADDRESS 3275 W. HILLSBORO BLVD, SUITE 207  
CITY-ST-ZIP DEERFIELD BEACH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
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

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 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

11/30/97 ASK 421/241

FILED  
May 07 1997 8:00am  
Secretary of State



CR2E034 (9/96)