FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 14 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000036751 (4)**

1. Corporation Name
CONSULTING MEDICAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
12128 CORTEZ BOULEVARD SUITE B4 BROOKSVILLE FL 34613	12128 CORTEZ BOULEVARD SUITE B4 BROOKSVILLE FL 34613

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/21/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 12150 Cortez Boulevard
Suite, Apt. #, etc.
22 Suite A1
City & State
23 Brooksville, FL
Zip 24 34613 Country 25 Hernando

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

4. FEI Number: **59-3183183** ☐ 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

FRENCH, C T
1750 RINGLING BOULEVARD
SARASOTA FL 34236

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 ... for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized ... opt the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, ...

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

Please note this is the business address 12150 Not 12128 Cortez Blvd Also this is no longer an active corporation Please contact SP Coleman for further information about the corporate dissolution. 813 726-0016 Thankyou B. Brooks

12. OFFICERS AND DIRECTORS — CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D		☐ Change ☐ Addition
NAME	BROOKS, ANDRE M		
STREET ADDRESS	12128 CORTEZ BLVD. SUITE B4		
CITY-ST-ZIP	BROOKSVILLE FL 34613		
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Andre Brooks 4/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0970123 CP