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

FILED
97 JUN -4 AM 10:03
SECRETARY OF STATE
TALLAHASSEE

DOCUMENT # P93000088530

1. Corporation Name

P93000088530

Principal Place of Business | Mailing Address

HEALTH LIABILITY MANAGEMENT CORPORATION
13738 OXBOW ROAD SUITE 200

2. Principal Place of Business SUITE 200	2a. Mailing Address
21 3592 EDWARDS DRIVE	26 3275 EDWARDS DRIVE
Suite, Apt #, etc. 22 SUITE 200	Suite, Apt #, etc. 27
City & State 23 FORT MYERS FLORIDA	City & State 28 FORT MYERS FLA
Zip 24 33905 / Country 25 USA	Zip 29 33905 / Country 30 USA

3. Date Incorporated or Qualified: 1980
3a. Date of Last Report: 1996/07/19
4. FEI Number: 650454253 ☐ 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

10. Name and Address of New Registered Agent
81 Name: DR MICHAEL WEILERT
82 Street Address (P.O. Box Number is Not Acceptable): 13738 OXBOWROAD SUITE 200
83
84 City: FORTMYERS FLORIDA FL 85 Zip Code: 33905

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] PRINCIPLE DRMICHAEL WEILERT
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRINCPLE & CEO	☐ DELETE
NAME	DR MICHAEL WEILERT	
STREET ADDRESS	13738 OXBOW ROAD SUITE 200	
CITY-ST-ZIP	FORT MYERS FLORIDA 33905	
TITLE	DIRECTOR	☐ DELETE
NAME	FREDERICK HABB	
STREET ADDRESS		
CITY-ST-ZIP	2630 CLUBMAR DRIVE SARASOTA FLORIDA 33242	
TITLE	DIRECTOR	☐ DELETE
NAME	MICHAEL SHAW	
STREET ADDRESS	4474 DEVONSHIRE LANE	
CITY-ST-ZIP	SARASOTA FLORIDA	
TITLE	DIRECTOR	☐ DELETE
NAME	SIM DAVIES	
STREET ADDRESS	13738 OXBOW ROAD	
CITY-ST-ZIP	FORT MYERS FLORIDA 33905	
TITLE	DIRECTOR	☐ DELETE
NAME	WALTER BRANNECK	
STREET ADDRESS	328 B ROYAL POINCIANA WAY	
CITY-ST-ZIP	PALM BEACH FLORIDA 33480	
TITLE	DIRECTOR	☐ DELETE
NAME	WILLIAM BELLINGER	
STREET ADDRESS	550 LAGRANGE AVENUE	
CITY-ST-ZIP	LAPLATA MARYLAND 22061	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☐ Change ☐ Addition
1.2 NAME	STUART SCHERNER DR	
1.3 STREET ADDRESS	4954 PRIMROSE PATH	
1.4 CITY-ST-ZIP	SARASOTA FLORIDA 33242	
2.1 TITLE	TREASURER	☐ Change ☐ Addition
2.2 NAME	FREDERICK LAWRENCE	
2.3 STREET ADDRESS	2706 GROVE	
2.4 CITY-ST-ZIP	SARASOTA FLORIDA 33242	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	MPC	
3.4 CITY-ST-ZIP		
4.1 TITLE	6-4-97	☐ 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	(money order)	
6.4 CITY-ST-ZIP		

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****165.00 ****165.00

CR2E034 (9/96)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #