

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000006939 (0)

1. Corporation Name

ADVANTAGE HEALTHCARE CONSULTANTS, INC.

Principal Place of Business

Mailing Address

5670 SATINWOOD COURT
JUPITER FL 33458

5670 SATINWOOD COURT
JUPITER FL 33458

3. Date Incorporated or Qualified

3a. Date of Last Report

01/19/1994

4. Fed Number

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 interstate tax under 5-1992 U.S.
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt #, etc.

26 State, Apt #, etc.

22 City & State

27 City & State

23 City & State

28 City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TIMONEY, DIANE
5670 SATINWOOD COURT
JUPITER FL 33458**

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 700.01, and 607.11(6), 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 provisions of Sections 700.01(2)(b) and 607.11(6), Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent, if different from the above named corporation, must be signed by the agent.)

(Signature of New Registered Agent, if different from the above named corporation, must be signed by the agent.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	D
NAME	TIMONEY, DIANE
STREET ADDRESS	5670 SATINWOOD COURT
CITY, ST, ZIP	JUPITER FL 33458
12.2	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.3	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.4	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.7	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13.1	☐ Change ☐ Addition
13.2	
13.3	☐ Change ☐ Addition
13.4	
13.5	☐ Change ☐ Addition
13.6	
13.7	☐ Change ☐ Addition
13.8	
13.9	☐ Change ☐ Addition
13.10	
13.11	☐ Change ☐ Addition
13.12	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 319.07(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:

Diane M. Timoney **Diane M. Timoney** 4-13-95 (409) 945-0258
President