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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400006939 (0)

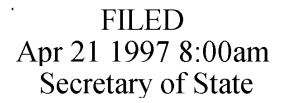
ADVANTAGE HEALTHCARE CONSULTANTS, INC.

Principal Place of Business

Mailing Address

5670 SATINWOOD COURT

5670 SATINWOOD COURT





JUPITER FL 33458		JUPITER FL 33458-7927						
					3. Date incorporated or Qualified 01/19/1994		ite of Last R 17/1996	eport
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For
21 65	1 S.E. MEADOWOOD	Was 651 S.F. ME	A D WOOL	WAY	65-0464241		No	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		,	5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	OART FL	Cily & State 28 STUART		FL	Election Campaign Financing Trust Fund Contribution		\$5.00 Addød	May Be to Fees
Zφ 24 349	Country	Ζιρ 29 3 49 97	30 //	ntry NARTIN	8. This corporation has liability for Florida Statutes	intangible Yes		. 199.032,
	9. Name and Address of Curre				10. Name and Address of New Re	egistered /	Agent	
5670	oney, diane O Satinwood Court Oter FL 33458		i 	81 Name D 82 Street Ad 65	IANE TIMONEY Idress (P.O. Box Number is Not Accepta S.E. MEADOWOOD	bie) Way		7-11-11-11-11-11-11-11-11-11-11-11-11-11
				84 City S1	OART	FL	85 Zip	Code 4997
office or n agent. La SiGNATURE	egistered agent, or both, in the Stati m familiar with, and accept the oblic	e of Florida. Such change wa gations of, Section 607,0505,	s authorize Florida Stal	d by the corpor lutes.	ration's board of directors. I hereby acce	pt the app	ointment as	registered
	Sogniture typic or princed name of registered ag			d Agent signature re	quired when reinstating)	DATE	OIDCOTOC	20 11 40
12.	OH ICERS AN	ND DIRECTORS DELETE	13.	T. F	ADDITIONS/CHANGES TO OFFICE	CERS AND	Change	Addition
THEF	TIMONEY, DIANE	ריז מנודונ		i	D, P, T, S		L. Urkinga	
NAME	5870 SATINWOOD COURT		1.2 N	TREET ADDRESS	G51 S.E. MEADOWOOL	WAY	/	
SIREET ADDRESS	JUPITER FL 33458		1	ITY-ST-ZIP	STUART FL	2490	<i>9</i> 7	
CITY-ST-ZIP TITLE	00/1/2/1/2 00/100	DELETE	2.1 17		SIVAKI TE	3///	Change	Addition
NAME			2.2 N	1				
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP		Sec		
Tiff		DELETE	3.1 TI			 	Change	Addition
NAME			3.2 N	AME	r			
STREET ADDRESS			3.3 S	TREET ADDRESS				
CifY+S1+ZIP			3.4. (CITY-ST-ZIP	<u> </u>			
TITLE		☐ DELETE	4 1 T	TLE			Change	Addition Addition
NAME			4.2 N	LAME [
STREET ADDRESS			4.3 \$	TREET ADDRESS				
CITY-ST ZIP		······································	4.4 C	ITY-ST-ZIP				
THILE .		☐ DELETE	5.1 T	TLE			L Change	Addition
NAME			5.2 N	1				
STREET ADDRESS				TREET ADORESS				
CITY - ST - ZIF		T oc. ere		ITY-ST-ZIP			1 00	A Jane
TITLE		☐ DELETE	6.1 7		•		L. Change	Addition
RAME			6.2 N					
STREET ADDRESS				TREET ADDRESS				
City+St-7iP]	· · · · · · · · · · · · · · · · · · ·	6.4 C	ITY-ST-ZIP				

14. Ido 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 efficer 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 schanged, or on an attachment with an address.

SIGNATURE: