

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

FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000006939 (0)

1. Corporation Name  
ADVANTAGE HEALTHCARE CONSULTANTS, INC.

Principal Place of Business  
5670 SATINWOOD COURT  
JUPITER FL 33458

Mailing Address  
5670 SATINWOOD COURT  
JUPITER FL 33458-7827



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1994		3a. Date of Last Report 04/17/1996	
21 651 S.E. MEADOWOOD WAY		21 651 S.E. MEADOWOOD WAY		4. FEI Number 65-0464241		Applied For Not Applicable	
22 Suite, Apt. #, etc.		22 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State STUART FL		23 City & State STUART FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 34997		24 Zip 34997		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 MARTIN		25 MARTIN					

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 DIANE TIMONEY			
				82 Street Address (P.O. Box Number is Not Acceptable) 651 S.E. MEADOWOOD WAY			
				83			
				84 City STUART			
				85 Zip Code FL 34997			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D, P, T, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TIMONEY, DIANE			1.2 NAME			
STREET ADDRESS	5670 SATINWOOD COURT			1.3 STREET ADDRESS	651 S.E. MEADOWOOD WAY		
CITY-ST-ZIP	JUPITER FL 33458			1.4 CITY-ST-ZIP	STUART FL 34997		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, changed, or on an attachment with an address.

SIGNATURE:

*Diane M. Timoney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0327038

CR2E034 (9/96)