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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000008060 (3)

MEDCORP CONSULTING AND BROKERAGE SERVICES, INC.

Principal Place of Business Mailing Address 1544 PLASENTIA AVE. 1544 PLASENTIA AVE. **CORAL GABLES FL 33134** CORAL GABLES FL 33134 3. Date Incorporated or Qualified 01/19/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0468150 Suite Ant. #, etc

22		27]			5. Certificate of Status Desired Fee Required	:	
Orty & State		City & State 28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Ζη: 24	Country Zip 25 29		Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes Yoo		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
050056	N HOLLES I			81	Name		
GERBER, MICHAEL J 1544 PLASENTIA AVE.				82	2 Street Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134				83	3		
				84	4 City 85 Zip Code		

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 agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

SIGNATURE	Sky of the Hyper's Corporated frame of responsest a perit and the mapping association	(NOTE: Hegistered Agent signature require	o when renshiring) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
7017	D DELETE	1 1 TITLE	☐ Change ☐ Addition
NAM:	GERBER, MICHAEL J	1.2 NAME	
STREET ACORESS	1544 PLASENTIA AVE.	1.3 STREET ADDRESS	;
CL Y - \$1 - Z(-)	CORAL GABLES FL 33134	1.4 CITY- ST-7IP	
BITLE.	DELETE	2 1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
City St-Zir		2.4 CITY - ST - ZIP	
TIFLE	DELETE	3 1 TIFLE	☐ Change ☐ Addition
NAMI		3 2 NAME	
STREET ACCORDS		3.3 STREET ADDRESS	
CHY-ST-ZIP		3 4 CITY - S1 - ZIP	
T !LF	DELETE	4. 1 Title	Change Addition
NAM:		4.2 NAME	•
SIBERT ADJUGUSS		4.3 STREET ADDRESS	
City 51 - ZiP		4.4 CITY - ST - ZIP	
THE	☐ tielfte	5 1 TIFLE	☐ Change ☐ Addition
NAMe		5.2 NAME	
STEELL ADDRESS		53 STREET ADDRESS	
CITY ST ZIE		5.4 CITY - ST - ZIP	
THLE	[] DELETE	6 1 TITLE	Change Addition
NAMI		6 ? NAM{	
STREET ADDRESS		63 STREFT ADDRESS	
C-TY-ST-Zir	graff that the information of the thirt had been dealers.	6 4 CITY - ST - ZIP	

I do thereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 this comparation 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 directors.

SIGNATURE:

MICHAEL

MICHAEL J. GERBER Pro. 11 Mar & 305-112 2531

3a. Date of Last Report

03/31/1995

Applied For

Not Applicable