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Apr 28 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 # P94000013249 (5)

1. Corporation Name

CONTINENTAL HEALTH CREDIT CONSULTANTS, INC.

Principal Place of Business

8701 137TH AVE  
SUITE 300  
MIAMI FL 33183  
US

Mailing Address

8701 SW 137TH AVE  
300  
MIAMI FL 33183-4498  
US

3. Date Incorporated or Qualified  
02/14/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 11880 Bird Road

Suite, Apt. #, etc.  
22 201

City & State  
23 Miami, FL

Zip Country  
24 33175 25 USA

2a. Mailing Address  
26 11880 Bird Road

Suite, Apt. #, etc.  
27 201

City & State  
28 Miami, FL

Zip Country  
29 33175 30 USA

4. FEI Number  
NOT APPLICABLE

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

MUDD, JOHN P  
8701 SW 137TH AVE  
300  
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name John Mudd

82 Street Address (P.O. Box Number is Not Acceptable)  
11880 Bird Road

83 #201

84 City Miami FL 85 Zip Code 33175

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

John Mudd

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 D  
NAME MUDD, JOHN P  
STREET ADDRESS 8701 SW 137TH AVE SUITE 300  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS 11880 Bird Road, #201  
14 CITY-ST-ZIP Miami, FL 33175

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Mudd

(305) 229-3949

Date

Daytime Phone #

0248736

CR2E034 (9/96)