SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/C/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG -7 AM 11:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000022462 (3)

1. Corporation Name
SOUTHERN MEDICAL HEALTH CONSULTANTS, INC.

Principal Place of Business
~~P.O. BOX 639~~
~~NEW PORT RICHEY FL 34656~~

Mailing Address
~~P.O. BOX 639~~
~~NEW PORT RICHEY FL 34656~~

3. Date Incorporated or Qualified: 03/23/1994
3a. Date of Last Report

2. Principal Place of Business
21 3825 Henderson BLVD
Suite, Apt. #, etc.
22 Suite 605A
City & State
23 TAMPA
Zip
24 33639
County
25 HILLSBROUGH

2a. Mailing Address
26 P.O. Box 870688
Suite, Apt. #, etc.
27
City & State
28 ~~[illegible]~~ Stn. Mtn. Ga.
Zip
29 30087
County
30 GWINETT

4. FEI Number: 59-3255461 ☐ 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

LOWE, NANCY J
3825 HENDERSON BLVD.
SUITE 605A
TAMPA FL 33639

10. Name and Address of New Registered Agent
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 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 ______ 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	PD
NAME	GIGLIO, PETER J
STREET ADDRESS	~~P.O. BOX 639~~ N/A
CITY ST ZIP	~~NEW PORT RICHEY FL 34656~~
TITLE	
NAME	
STREET ADDRESS	P.O. Box 870688
CITY ST ZIP	Stone Mountain, Ga 30087-0018
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

1 1 TITLE		☑ Change ☑ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing 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 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: P. J. Giglio, Pres. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 01, 1995 — Date
404-5648841 — Daytime Phone #

0100046 FP