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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90161 044 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000035774

1. Corporation Name

PRACTICE MANAGEMENT CONSULTANTS, INC.

Principal Place of Business

3504 RADIO ROAD
NAPLES FL 33999
US

Mailing Address

3504 RADIO ROAD
NAPLES FL 33999
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1994

4. FEI Number

65-0496144

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

10661 AIRPORT-PULLING RD N.
~~1027 Trade Center~~

2a. Mailing Address

9925 Boca Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples

City & State

Naples FL

Zip

FL 34109

Country

USA

Zip

34109

Country

USA

9. Name and Address of Current Registered Agent

UNSWORTH, THOMAS G
3504 RADIO ROAD
NAPLES FL 34104

10. Name and Address of New Registered Agent

81 Name CAROL FREDLUND

82 Street Address (P.O. Box Number is Not Acceptable)
9925 Boca Circle

83

84 City Naples

FL

85 Zip Code 34109

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

☐ DELETE

TITLE P
NAME FREDLUND, CAROL
STREET ADDRESS 3504 RADIO ROAD
CITY-ST-ZIP NAPLES FL 34104

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE PRESIDENT
1.2 NAME FREDLUND, CAROL
1.3 STREET ADDRESS 9925 BOCA CIRCLE
1.4 CITY-ST-ZIP NAPLES FL 34109

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)