FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JAN 19 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000037532 (6)**

1. Corporation Name
ANDERSON HEALTHCARE CONSULTING, INC.

Principal Place of Business	Mailing Address
~~1733 LAKEVIEW RD~~ ~~CLEARWATER FL 34616~~	~~1733 LAKEVIEW RD~~ ~~CLEARWATER FL 34616~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/18/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2708 N. DUNDEE ST	26 2708 N. DUNDEE ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL
Zip 24 33629 Country 25 USA	Zip 29 33629 Country 30 USA

4. FEI Number: 59-3244007 ☐ 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

ANDERSON, MARLIN A
~~1733 LAKEVIEW RD~~
~~CLEARWATER FL 34616~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2708 N. DUNDEE ST.
83
84 City: TAMPA FL 85 Zip Code: 33629

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/~~VP~~ P	☒ Change ☐ Addition
NAME	ANDERSON, MARLIN A	1.2 NAME		
STREET ADDRESS	~~1733 LAKEVIEW RD~~	1.3 STREET ADDRESS	2708 N. DUNDEE ST.	
CITY-ST-ZIP	~~CLEARWATER FL 34616~~	1.4 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	D	2.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	ANDERSON, JOYCE B	2.2 NAME		
STREET ADDRESS	~~1733 LAKEVIEW RD~~	2.3 STREET ADDRESS	2708 N. DUNDEE ST.	
CITY-ST-ZIP	~~CLEARWATER FL 34616~~	2.4 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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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)(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: Marlin Anderson MARLIN ANDERSON 1/14/95 (813) 832-5449
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0356177 CP