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Apr 03 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 # P94000044050 (0)

1. Corporation Name:

NATIONAL MANAGED CARE CONSULTANTS, INC.



Principal Place of Business:

455 DOUGLAS AVE
SUITE 1155
ALTAMONTE SPRINGS FL 32714
US

Mailing Address:

P.O. BOX 162225
ALTAMONTE SPRINGS FL 32716-2225
US

2. Principal Place of Business:

21 405 DOUGLAS AVE

Suite, Apt. #, etc.

22 SUITE 1805

City & State

23 Altamonte Springs, FL

24 32714

Country

25 USA

2a. Mailing Address:

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

06/07/1994

3a. Date of Last Report

04/19/1996

4. FEI Number

59-3262498

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

BATY, RALPH D SR
455 DOUGLAS AVE SUITE 1155
SUITE 2255-D
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name RALPH D. BATY, SR.

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

1942 PALM VIEW DRIVE

83

84 City APOPKA

FL

85

Zip Code 32712

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, and familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Ralph D. Baty, Sr.

RALPH D. BATY, SR.

3/31/97

Signature of individual for printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ST
BATH, SARAH E.
STREET ADDRESS
1942 PALM VIEW DRIVE
CITY-ST-ZIP
APOPKA FL

TITLE ☒ DELETE

NAME
D
GILL, CHARLES A DDS
STREET ADDRESS
1200 E. ROBINSON STREET
CITY-ST-ZIP
ORLANDO FL 32801

TITLE ☒ DELETE

NAME
D
SHARFMAN, IRWIN M MD
STREET ADDRESS
1936 LEE ROAD SUITE 137
CITY-ST-ZIP
WINTER PARK FL 32789

TITLE ☒ DELETE

NAME
D
HALPERIN, LAWRENCE S MD
STREET ADDRESS
100 GORE WEST SUITE 500
CITY-ST-ZIP
ORLANDO FL 32808

TITLE ☐ DELETE

NAME
DPC
BATH, RALPH D. SR
STREET ADDRESS
1942 PAM VIEW DRIVE
CITY-ST-ZIP
APOPKA FL

TITLE ☐ DELETE

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

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, 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 I am not, or on an attachment with an address.

SIGNATURE:

Ralph D. Baty, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph D. Baty, Sr.

3/31/97

407-865-7131

Date

Daytime Phone #

CR2E034 (9/96)