SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90005 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P94000049761**

1. Corporation Name
COMPUTER CONSULTANTS FOR PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
7491-C5 NORTH FEDERAL HIGHWAY #284 BOCA RATON FL 33487	7491-C5 NORTH FEDERAL HIGHWAY #284 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0512481 ☐ 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. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BIERSTOCK, SAMUEL R
7491 C-5 N. FEDERAL HWY
SUITE 284
BOCA RATON FL 33487

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BIERSTOCK, SAMUEL R 7491 C-5 N. FEDERAL HWY #284 BOCA RATON FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

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.

SIGNATURE: SIGNATURE REQUIRED 8/11/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P94000049761

DR. SAM & THE MANAGED CARE BLUES BAND ™

604831-90005-26

August 10, 1999

Division of Corporations
Annual Report Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document # P94000049761
Fed ID# 65-0512481

Dear Sirs:

I enclose my completed Annual Corporate Report with my check in the amount of $150.00.

The address shown and used to mail the form to me with notification is a Mailbox's Etc. Address. I have been experiencing delays in the receipt of my mail at this address, and did not receive the form for completion until recently. I immediately forwarded it to my accountant, and am submitting it to you upon immediate receipt of the completed form.

Since I did not receive the form in time to meet the deadline date, I request that I not be penalized the $400.00 late fee.

Your understanding would be greatly appreciated.

Samuel R. Bierstock, MD
President
Computer Consultants for Professionals
Fictitious Name: Dr. Sam & The Managed Care Blues Band

cc Elliot Kostick, CPA

6 N.E. Fisher Lane, Delray Beach, Florida 33483
Tele / VM (561) 243-3673 Fax (561) 243-0621
E-mail: drsam@managedmusic.com *Webpage*: http://www.managedmusic.com