

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary
DIVISION OF CORPORATIONS

FILED

95 JUL 18 PM 1:54

DOCUMENT # P94000052924 (5)

1. Corporation Name
MEDICAL BENEFITS CONSULTANTS, INC.

Principal Place of Business: **8705 ARROW HEAD DR. HUDSON FL 34667**
Mailing Address: **8705 ARROW HEAD DR. HUDSON FL 34667**

DO NOT WRITE IN THIS SPACE

Re-located

3. Date Incorporated or Rechartered: **07/14/1994** 3a. Date of Last Report: **N/A**

4. FEI Number: **59-3263960** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Elected Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for information tax under § 190.18, Florida Statutes: Yes No

2. Principal Place of Business: **21 8107 Greenside Ln** 2a. Mailing Address: **26 Same**

22. State: **27 FL** 27. State: **27 FL**

23. City & State: **23 Hudson, FL** 28. City & State: **28 Hudson, FL**

24. ZIP: **24 34667** 25. County: **25 Pasco** 29. City: **29 Hudson** 30. State: **30 FL**

9. Name and Address of Current Registered Agent
**OPALENSKY, STEVEN J
8705 ARROW HEAD DR.
HUDSON FL 34667**

10. Name and Address of New Registered Agent

B1. Name: **Opalensky Steven J**

B2. Street Address (P.O. Box Number is Not Acceptable): **8107 Greenside Ln**

B3. City: **Hudson** B4. State: **FL** B5. Zip Code: **34667**

11. Pursuant to the provisions of Sections 607.0205 and 607.1509, 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 aware of and accept the obligations of Section 607.0205, Florida Statutes.

SIGNATURE: *Steve Opalensky* 4/27/95

12. OFFICERS AND DIRECTORS

1. NAME: **PRESIDENT Steve Opalensky**
2. STREET ADDRESS: **8107 Green Side Ln**
3. CITY: **Hudson FL 34667**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (N/A)

4. NAME: Change Addition

5. STREET ADDRESS: Change Addition

6. CITY: Change Addition

7. NAME: Change Addition

8. STREET ADDRESS: Change Addition

9. CITY: Change Addition

10. NAME: Change Addition

11. STREET ADDRESS: Change Addition

12. CITY: Change Addition

13. NAME: Change Addition

14. STREET ADDRESS: Change Addition

15. CITY: Change Addition

16. NAME: Change Addition

17. STREET ADDRESS: Change Addition

18. CITY: Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.01(1)(b), Florida Statutes. I affirm that the information is true and correct, 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 person or entity 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 is an alternate with an address.

SIGNATURE: *Steve Opalensky*

4/25/95 813 861 2402