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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrick
Secretary
Division of Corporations

FILED

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DOCUMENT # P94000052924 (5)

1. Corporate Name:

MEDICAL BENEFITS CONSULTANTS, INC.

2. Mailing Address:	Mailing Address:		
8705 ARROW HEAD DR. HUDSON FL 34667	8705 ARROW HEAD DR. HUDSON FL 34667		
<i>Re-located</i>			
3. Previous Place of Business:	26. Mailing Address:	27. Suite Apt. #, etc.	28. City & State:
21. 8107 Greenside Ln	26. Same	27. 	28. Hudson, FL
22. Suite Apt. #, etc.	29. Zip Code:	30. County:	
23. 34667	25. PASCO	29. 	30.

9. Name and Address of Current Registered Agent:	10. Name and Address of New Registered Agent:		
OPALENSKY, STEVEN J 8705 ARROW HEAD DR. HUDSON FL 34667	B1. Name:	Opalensky Steven J	
	B2. Street Address (P.O. Box Number is Not Acceptable):		
	B3. City:	8107 Green Side Ln	
	B4. Zip Code:	FL	34667

11. Pursuant to the provisions of Sections 893.07(4)(a) and 893.13(4)(c), 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, in accordance with and as supplemental obligation of Section 893.07(4)(a), Florida Statutes.

SIGNATURE: *Steve Opalensky*

4/27/95

12. OFFICERS AND DIRECTORS:	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:
NAME: STEVE OPALENSKY ADDRESS: 8107 Green Side Ln Hudson FL 34667	1. NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2. NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3. STREET ADDRESS: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4. CITY: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5. ZIP CODE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6. STATE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7. COUNTY: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8. COUNTRY: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9. TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10. TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11. 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