

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

CORPORATION
ANNUAL REPORT,
1995



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

APPROVED
AND
FILED
APPROVED
AND
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054243 (8)

1. Corporation Name

SWEENEY HEALTH CARE CONSULTANTS, INC.

Principal Place of Business

3908 W RIVERSIDE DR
FT MYERS FL 33901

Mailing Address

3908 W RIVERSIDE DR
FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0505-603

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SWEENEY, MICHAEL J MD
3908 W RIVERSIDE DR
FT MYERS FL 33901

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

(Signature, typed or printed name of registered agent and for if applicable)

(NOTE: Registered agent signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
President, Secy/Treas.
Michael J. Sweeney Jr
3908 W. Riverside Dr.
Fort Myers, FL 33901

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

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NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY ST ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY ST ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY ST ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

35 TITLE ☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY ST ZIP

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 110.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 as an attachment with an address.

SIGNATURE:

Michael J. Sweeney Jr
Michael J. Sweeney Jr

3/15/95

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