## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000056185 (9)

PHYSICIANS' HEALTH CARE CONSULTANTS, INC. CPA FIRM, INC.

Principal Place of Business

Mailing Address

**FILED** Feb 12 1997 8:00am Secretary of State



| 535 DELANNOY AVE<br>COCOA FL 32922<br>US |  | S3S DELANNOY AVE<br>COCOA FL 32922-7844<br>US |              |               | 3. Date Incorporated or Qualified   |  |
|--|--|---|--------------|---------------|---|--|
| 2. Principal P                           | lace of Business                               | 2a. Mailing Address                           |              |               | 4. FEI Number Applied For   |  |
| 21 26                                    |  |   | •            |               | <b>59-3261026</b> Not Applicable  |  |
| Suite, Apt                               | #, etc   | Suite, Apt. #, etc.                           |              |               | 5. Certificate of Status Desired  |  |
| City & State                             | 0  | City & State                                  |              |               | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees  |  |
| Zip<br><b>24</b>                         | Country 25                                     | Zip <b>29</b>                                 | 30           | ntry          | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes V No  |  |
|  | 9. Name and Address of Curr                    | ent Registered Agent                          |              |               | 10. Name and Address of New Registered Agent  |  |
|  | iser, stephen c                                |   |              | 81 Name       |   |  |
|  | DELANNOY AVE<br>COA FL 32922                   |   |              | 82 Street     | Address (P.O. Box Number is Not Acceptable)   |  |
|  |  |   |              | 83            |   |  |
|  |  |   |              | 84 City       | FL 85 Zip Code  |  |
| 11. Pursuant                             | to the provisions of Sections 607.0            | 502 and 607.1508. Florida Stat                | utes, the al | pove-name     |   |  |
| office or r<br>agent. I a<br>SIGNATURE   |  |   |              |               | d corporation submits this statement for the purpose of changing its registered repretation's board of directors. I hereby accept the appointment as registered |  |
|  | Signature, typod or pented name of registerco. |   |              | Agent signatu | re required when reinstaling) DATE  |  |
| 12.                                      | D OFFICERS F                                   | IND DIRECTORS  DELETE                         | 13.          | TI E          | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT  Addition  |  |
| NAME                                     | HOUSER, STEPHEN C                              |   | 1.1 N        |               | PRESIDENT Change L Addition   |  |
|  | 950 MAEMIR WAY                                 |   |              |               | *   |  |
| STREET ADDRESS                           | ROCKLEDGE FL 32955                             |   |              | reet address  |   |  |
| CITY-ST-2IP<br>TITLE                     | HOOMEDOE I E OESOO                             | DELETE  | 2.1 7        | TY-ST-ZIP     | DIRECTOR, SECRETARY Change Addition   |  |
| NAME                                     |  | through the training                          | 2.2 N        |               | WALTER E. SECREST   |  |
| STREET ADDRESS                           |  |   |              | reet adoress  | 515 SUNSET LANE   |  |
| CITY-ST-ZIP                              |  |   | 1            | ITY-ST-ZIP    | MERRITT ISLAND, FL 32952  |  |
| TITLE                                    |  | DELETE  | 3170         |               | DIRECTOR Change Addition  |  |
| NAME                                     |  |   | 3 2 N        | AME           | DEWEY L. HARRIS   |  |
| STREET ADDRESS                           |  |   | 3.3 S        | reet address  | 490 GREENVIEW ROAD  |  |
| CITY - \$1 - ZIP                         |  |   | 3.4. 0       | ITY-ST-ZIP    | MERRITT ISLAND, FL 32952  |  |
| TITLE                                    |  | ☐ DELETE                                      | 4.1 31       | TLE           | DIRECTOR Change 28 Addition   |  |
| NAME                                     |  |   | 4.21         | IAME          | EDWARD R. CHRISTENSEN   |  |
| STREET ADDRESS                           |  |   | 4.3 S        | IREET ADDRESS | 1555 EDDY STREET  |  |
| CITY - ST - ZIP                          |  |   |              | TY-ST-ZIP     | MUDDIUM TOTAND DE 22002   |  |
| THILE .                                  |  | ☐ DELETE                                      | 5.1 T        |               | L Change Addition   |  |
| NAME                                     | `·   |   |              | ÁMÉ :         | CTEDUEN A RITTE   |  |
| STREET ADDRESS                           |  |   |              | rreet address |   |  |
| CITY-ST ZIP                              | **************************************         | DELETE  |              | TY-ST-ZIP     | 1524sWALLEDRIVE 32780   |  |
| TITLE                                    |  | ☐ DELETE                                      | 6.1 ₹        |               | DIRECTOR Change Addition  |  |
| NAME                                     |  |   | 6.2 N        |               | FLOYD C. LEMMON<br>3156 NEWFOUND HARBOR DRIVE   |  |
| STREET ADDRESS                           |  |   |              | TREET ADDRESS |   |  |
| CITY-ST-7P                               | İ  |   | 640          | ITY-ST-ZIP    | MERRITT ISLAND, FL 32952  |  |

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 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:

\*\*Description\*\*

\*\*Descript