FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000066047 (9)**

1. Corporation Name

MAGNUM HEALTH CARE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
82 6TH STREET APALACHICOLA FL 32320	82 6TH STREET APALACHICOLA FL 32320

3. Date Incorporated or Qualified: **09/08/1994**

3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business
21:
22. Suite, Apt. #, etc.:
23. City & State:
24. Zip:
25. Country:

2a. Mailing Address
26:
27. Suite, Apt. #, etc.:
28. City & State:
29. Zip:
30. Country:

4. FEI Number: **59-3277180** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COOPER, DEBORAH
82 6TH STREET
APALACHICOLA FL 32320

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2 SHOREWOOD CIRCLE
83:
84 City: APALACHICOLA, FL **FL** 85 Zip Code: 32320

11. Pursuant to the provisions of Section 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: Deborah Cooper Deborah Cooper 6-26-96
Signature, Typed or Printed Name of Individual with Authority to Sign Typed or Printed Name of Registered Agent (Required for Certain Entities Only) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE	D/VP	☐ Change XX ☐ Addition
NAME	STEWART, DEBRA E		1.2 NAME		
STREET ADDRESS	131 N. BAYSHORE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	EASTPOINT FL		1.4 CITY-ST-ZIP		
TITLE	DC	☒ DELETE	2.1 TITLE	D/P	☐ Change ☒ Addition
NAME	STEWART, DEBRA E.		2.2 NAME	JOHN RUTOSKEY	
STREET ADDRESS	131 N. BAYSHORE DR.		2.3 STREET ADDRESS	503 ROUNDABOUT DR.	
CITY-ST-ZIP	EASTPOINT FL		2.4 CITY-ST-ZIP	TRUSSVILLE, AL	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RUTOSKEY, GWENICE		3.2 NAME		
STREET ADDRESS	503 ROUNDABOUT DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TRUSSVILLE AL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	D/S	☐ Change ☒ Addition
NAME			4.2 NAME	DEBORAH COOPER	
STREET ADDRESS			4.3 STREET ADDRESS	2 SHOREWOOD CIRCLE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	APALACHICOLA, FL 32320	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Deborah Cooper 6-26-96 904-653-8551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #