

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000069517 (8)

1. Corporation Name

MEDICAL CONSULTANTS INTERNATIONAL, INC.



Principal Place of Business

5851 HOLMBERG ROAD
#3826
PARKLAND FL 33067

Mailing Address

5851 HOLMBERG ROAD
#3826
PARKLAND FL 33067-4528

3. Date Incorporated or Qualified

09/21/1994

3a. Date of Last Report

09/13/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 ONE BOCA PLACE

Suite, Apt #, etc.

27 2255 GLADES ROAD SUITE 324

City & State

28 BOCA RATON, FL

Zip

29 33431

Country

30 PALM BEACH

4. FEI Number

65-0521285

Applied For

Not Applicable

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

LEHRMAN, ISABEL
5851 HOLMBERG ROAD
#3826
PARKLAND FL 33067

*Agent has not
changed, only the
address.*

10. Name and Address of New Registered Agent

81 Name

ISABEL LEHRMAN - *not new agent,
only new address*

82 Street Address (P.O. Box Number is Not Acceptable)

ONE BOCA PLACE

83 City

2255 GLADES ROAD, SUITE 324 ATRIUM

84

BOCA RATON

FL

85 Zip Code

33431

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

Lehrman

4/30/97

Signature, typed or printed name of registered agent and line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME LEHRMAN, ISABEL
STREET ADDRESS 5851 HOLMBERG ROAD #3826
CITY-ST-ZIP PARKLAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT & CEO
1.2 NAME ONE BOCA PLACE
1.3 STREET ADDRESS 2255 GLADES ROAD SUITE 324 ATRIUM
1.4 CITY-ST-ZIP BOCA RATON, FL 33431

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Lehrman

4/30/97 (S) 98-7497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0150002

CR20004 (9/96)