

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90139 039 ***150.00

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DOCUMENT # P94000072845

1. Corporation Name

MEDICAL LEGAL CONSULTS, INC.

Principal Place of Business

140 FOREST HILLS BLVD.
NAPLES FL 33962

Mailing Address

140 FOREST HILLS BLVD.
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified ,

10/04/1994

4. FEI Number

65-0525375

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

4032 EAGLE WING Rd

SPRINGFIELD IL.

62707 USA

9. Name and Address of Current Registered Agent

HILL, ELIZABETH
140 FOREST HILL BLVD.
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

HILL, ELIZABETH

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

661 WEST LAKE DR.

83

84 City

NAPLES

FL

85 Zip Code

34102

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME ZANDER, JOHN
STREET ADDRESS 4032 EAGLE WING
CITY-ST-ZIP SPRINGFIELD IL 62703

TITLE S
NAME ZANDER, JOANN
STREET ADDRESS 4032 EAGLE WING
CITY-ST-ZIP SPRINGFIELD IL 62703

TITLE VP
NAME HILL, BETH
STREET ADDRESS 140 FOREST HILL BLVD.
CITY-ST-ZIP NAPLES FL 33962

TITLE T
NAME HILL, ORIVAZ
STREET ADDRESS 140 FOREST HILL BLVD.
CITY-ST-ZIP NAPLES FL 33962

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

Zander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date

2175352006

Daytime Phone #

CR2E034 (11/98)