SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, REINSTATEMENT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:43

DOCUMENT # **P94000079729 (7)**

1. Corporation Name

H.H.S. MANAGEMENT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
444 BRICKELL AVE SUITE 300 MIAMI FL 33131	444 BRICKELL AVE SUITE 300 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2875 So Ocean Blvd	26 2875 So. Ocean Blvd
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 Palm Beach FL	City & State 28 Palm Beach FL
Zip / Country 24 33480 / 25	Zip / Country 29 33480 / 30

4. FEI Number: 65-0532733 — 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

REGISTERED AGENT SERVICES CORPORATION
444 BRICKELL AVE
SUITE 300
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Wendy Stober
82 Street Address (P.O. Box Number is Not Acceptable): 2875 So. Ocean Blvd. Ste 200
83
84 City: Palm Beach FL 85 Zip Code: 33480

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: Wendy Stober Wendy Stober President June 20, 1995
(Signature of one of the new registered agents and the President) (PRINT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	STOBER, WENDY	12 NAME		
STREET ADDRESS	% 444 BRICKELL AVE SUITE 300	13 STREET ADDRESS	2875 So Ocean Blvd Ste 200	
CITY ST ZIP	MIAMI FL 33131	14 CITY ST ZIP	Palm Beach FL 33480	
TITLE	DV	21 TITLE		☐ Change ☐ Addition
NAME	BIRGER, MARVIN	22 NAME		
STREET ADDRESS	% 444 BRICKELL AVE SUITE 300	23 STREET ADDRESS	2875 So. Ocean Blvd Ste 200	
CITY ST ZIP	MIAMI FL 33131	24 CITY ST ZIP	Palm Beach FL 33480	
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	STOBER, CAROLYN	32 NAME		
STREET ADDRESS	% 444 BRICKELL AVE SUITE 300	33 STREET ADDRESS	2875 So. Ocean Blvd Ste 200	
CITY ST ZIP	MIAMI FL 33131	34 CITY ST ZIP	Palm Beach FL 33480	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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: Wendy Stober Wendy Stober June 20, 1995 407-586-7121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6887488 CP