

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000093462
1. Corporation Name
The Institute of Medical Consultants, Inc.

Principal Place of Business
5806 Golden Eagle Circle
Palm Beach Gardens, FL 33418

Mailing Address
5806 Golden Eagle Cir
Palm Beach Gardens, FL 33418

3. Date Incorporated or Qualified: 12/28/94
3a. Date of Last Report: 7/20/95
4. FEI Number: 11-3251532
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

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

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

9. Name and Address of Current Registered Agent
Jack Bariton
7800 W. Oakland Park Blvd 107
Sunrise, FL 33351 US

10. Name and Address of New Registered Agent
81 Name: Ronald J. Schweighardt
82 Street Address (P. O. Box Number is Not Acceptable): 420 N.E. 3RD STREET
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33301

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: *Ronald J. Schweighardt, Esq.* 8/15/96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	Gerard Schector	
STREET ADDRESS	7800 W. Oakland Park Blvd 107	
CITY - ST - ZIP	Sunrise, FL 33351	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	Larry Abelove	
STREET ADDRESS	7800 W. Oakland Park Blvd 107	
CITY - ST - ZIP	Sunrise, FL 33351	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Denise Krulis	
13 STREET ADDRESS	5806 Golden Eagle Circle	
14 CITY - ST - ZIP	Palm Beach Gardens, FL 33418	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	100001928871	
63 STREET ADDRESS	-08/21/96--01091--005	
64 CITY - ST - ZIP	***233.75	

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)(k), 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 61, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on attachment with an address.

SIGNATURE: *Denise Krulis* 8/19/96 561 775-6334

CR2E034 (3/96)