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

APPROVED AND FILED

1996 JUN -4 PM 2:11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093994**

1. Corporation Name

C AND J CONSULTANTS, INC.

400015501347
-06/04/96--01096--001
****233.75 ****233.75

Principal Place of Business
1540 Gulf Blvd. Ste. 803
Clearwater, FL 34630

Mailing Address
c/o Universal Pediatric
2894 106th St.
Des Moines, IO
50322

3. Date Incorporated or Qualified: **12/28/94**

3a. Date of Last Report: **4/26/95**

2. Principal Place of Business
21 **1540 Gulf Blvd.** (Suite, Apt. #, etc.)
22 **Suite 803** (City & State)
23 **Clearwater, FL**
24 Zip: **34630** 25 Country: **Pinellis**

2a. Mailing Address
26 **c/oUniversal Pediatric** (Suite, Apt. #, etc.)
27 **2894 106th St.** (City & State)
28 **Des Moines, IO 50322**
29 Zip: **50322** 30 Country:

4. FEI Number: **83-0309967** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$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 [X] No

9. Name and Address of Current Registered Agent

Connie J. Anderson
1540 Gulf Blvd., Ste. 803
Clearwater, FL 34630

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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's signature required when adding) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**P/V/T/S/D** [ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	**Connie J. Anderson**	12 NAME	
STREET ADDRESS	**1540 Gulf Blvd. Ste. 803**	13 STREET ADDRESS	
CITY-ST-ZIP	**Clearwater, FL 34630**	14 CITY-ST-ZIP	
TITLE	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/96)

XSP 6/4/96

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **Connie J. Anderson, President** June 3 **8135961522**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR