**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P95000020681 (9)**

1. Corporation Name

**MEDICAL & PROFESSIONAL MANAGEMENT CONSULTANTS, I NC.**

Principal Place of Business
4423 NW 202 ST
NEWBERRY FL 32669

Mailing Address
P O BOX 1192
ALACHUA FL 32615

3. Date Incorporated or Qualified: 03/10/1995
3a. Date of Last Report: N/A

4. FEI Number: 59-3300151 — 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

2. Principal Place of Business
21 1014 N. W. 57th St
Suite, Apt. #, etc.
22
City & State
23 Gainesville, Fl
Zip 24 32605 — Country 25 USA

2a. Mailing Address
26 1014 N. W. 57th St
Suite, Apt. #, etc.
27
City & State
28 Gainesville, FL
Zip 29 32605 — Country 30 USA

9. Name and Address of Current Registered Agent

**CHAMBERLAIN, STEVEN M**
**1 SE FIRST AVE**
**GAINESVILLE FL 32602**

10. Name and Address of New Registered Agent

81 Name: Clayton, Marilyn
82 Street Address (P.O. Box Number is Not Acceptable): 1014 N. W. 57th St
83
84 City: Gainesville, FL — 85 Zip Code: 32605

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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: Marilyn Clayton — Marilyn Clayton — 2/8/96

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
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| CITY-ST-ZIP | |
| TITLE | ☐ DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 1.1 TITLE | P/S/T — ☐ Change ☒ Addition |
| 1.2 NAME | Clayton, Marilyn |
| 1.3 STREET ADDRESS | 1014 N. W. 57th St |
| 1.4 CITY-ST-ZIP | Gainesville, FL 32605 |
| 2.1 TITLE | ☐ Change ☐ Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | ☐ Change ☐ Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | ☐ Change ☐ Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | ☐ Change ☐ Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | ☐ Change ☐ Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

CR2E034 (12/95)

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

**SIGNATURE:** Marilyn Clayton — Marilyn Clayton, President — 2/8/96 — 352-332-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR