

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

FILED

**Jul 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000021651
1. Corporation Name

ADVANCED HEALTH CARE CONSULTANTS, P.A.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
3-16-95

3a. Date of Last Report
4-26-96

2. Principal Place of Business
21 **11940 U.S. Hwy. 1**

2a. Mailing Address
26 **4732 SW Branch Terr.**

4. FEI Number
65-0575123

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **Suite 201**

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

City & State
23 **North Palm Beach, FL**

City & State
28 **Palm City, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

Zip
24 **33408**

Country
25 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Philip M. Sprinkle II
777 South Flagler Drive
Suite 900 East Tower
West Palm Beach, FL 33401

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 signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **Serra, Jose**
CITY-ST-ZIP **11940 U.S. Highway 1, #201**
North Palm Beach, FL 33408

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **Finnel, Debbie**
CITY-ST-ZIP **11940 U.S. Highway 1, #201**
North Palm Beach, FL 33408

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July , 1997 561-626-0866

Date

Daytime Phone #

CR2E034 (9/96)

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-07/21/97--01012--028
*****550.00**