

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

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98 JUN -5 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000021651

1. Corporation Name

ADVANCED HEALTH CARE CONSULTANTS, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8942 U.S. Highway 1		26 8942 U.S. Highway 1		03/16/1995	
22 Suite Apt #, etc.		27 Suite Apt #, etc.		4. FEI Number	
				65-0575123	
23 City & State		28 City & State		5. Certificate of Status Desired	
Port St. Lucie, FL		Port St. Lucie, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing	
34952		34952		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		7. This corporation owes or has paid the current year intangible	
USA		USA		Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Philip M. Sprinkle II, Esquire				81 Name	
777 South Flagler Drive				82 Street Address (P.O. Box Number is Not Acceptable)	
Suite 900 East Tower				300002557593-- 4	
West Palm Beach, FL 33401				83 -06/11/98--01123--026	
				84 City	
				***150.00 ***150.00	

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 date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Finnel, Debbie
STREET ADDRESS		1.3 STREET ADDRESS	8942 U.S. Highway 1
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Serra, Jose
STREET ADDRESS		2.3 STREET ADDRESS	8942 U.S. Highway 1
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	CFO/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Nirenberg, Larry
STREET ADDRESS		3.3 STREET ADDRESS	8942 U.S. Highway 1
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Mandell, Robert
STREET ADDRESS		4.3 STREET ADDRESS	8942 U.S. Highway 1
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Mueller, Larry
STREET ADDRESS		5.3 STREET ADDRESS	8942 U.S. Highway 1
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Schwenke, Kim
STREET ADDRESS		6.3 STREET ADDRESS	8942 U.S. Highway 1
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Port St. Lucie, FL 34952

14. I 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: *Debbie Finnel*  
Debbie Finnel, President

6-1-98 561-335-1193

Date

Daytime Phone

CR2E034 (10/97)