

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 # P95000027090 (6)

1. Corporation Name

MEDICAL GLOBAL CONSULTING, INC.



Principal Place of Business

20423 STATE ROAD 7
SUITE 6105
BOCA RATON FL 33498

Mailing Address

20423 STATE ROAD 7
SUITE 6105
BOCA RATON FL 33498

3. Date Incorporated or Qualified

04/05/1995

3a. Date of Last Report

New

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEARNS, DAVID B
10 FAIRWAY DRIVE
SUITE 128
DEERFIELD BEACH FL 33441

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 of registered agent or authorized representative

(NOTE: Registered Agent signature required when reinstating)

DATE

3/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME INC Ltd.

1.1 TITLE

STREET ADDRESS DSB Bank

1.2 NAME

CITY-STATE-ZIP Grand Cayman, West Indies

1.3 STREET ADDRESS

TITLE ☐ DELETE

1.4 CITY-STATE-ZIP

NAME

2.1 TITLE

STREET ADDRESS

2.2 NAME

CITY-STATE-ZIP

2.3 STREET ADDRESS

TITLE ☐ DELETE

2.4 CITY-STATE-ZIP

NAME

3.1 TITLE

STREET ADDRESS

3.2 NAME

CITY-STATE-ZIP

3.3 STREET ADDRESS

TITLE ☐ DELETE

3.4 CITY-STATE-ZIP

NAME

4.1 TITLE

STREET ADDRESS

4.2 NAME

CITY-STATE-ZIP

4.3 STREET ADDRESS

TITLE ☐ DELETE

4.4 CITY-STATE-ZIP

NAME

5.1 TITLE

STREET ADDRESS

5.2 NAME

CITY-STATE-ZIP

5.3 STREET ADDRESS

TITLE ☐ DELETE

5.4 CITY-STATE-ZIP

NAME

6.1 TITLE

STREET ADDRESS

6.2 NAME

CITY-STATE-ZIP

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/96

CR2E034 (12/95)