

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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000032286 (3)**
1. Corporation Name
SOUTHEASTERN MEDICAL REVIEW CONSULTANTS INC.



Principal Place of Business 4706 INISHEER COURT TALLAHASSEE FL 32308	Mailing Address 4706 INISHEER COURT TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1141 Wedge Way		2a. Mailing Address 26 1141 Wedge Way		3. Date Incorporated or Qualified 04/21/1995	
Suite, Apt. #, etc. 22 Spring Hill, FL		Suite, Apt. #, etc. 27 Spring Hill, FL		4. FEI Number 59-3372127	
City & State 23 34608		City & State 28 34608		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 U.S.		Country 29 U.S.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KOPITNIK, NANCY L DR.
4706 INISHEER COURT
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name KOPITNIK, NANCY L DR.
82 Street Address (P.O. Box Number is Not Acceptable) 1141 Wedge Way
83 Spring Hill
84 City FL
85 Zip Code 34608

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME LEE KOPITNIK, NANCY	
STREET ADDRESS 4706 INISHEER COURT	
CITY-ST-ZIP TALLAHASSEE FL 32308	
TITLE PD	<input type="checkbox"/> DELETE
NAME LEE KOPITNIK, NANCY	
STREET ADDRESS 4706 INISHEER COURT	
CITY-ST-ZIP TALLAHASSEE FL 32308	
TITLE PD	<input type="checkbox"/> DELETE
NAME LEE KOPITNIK, NANCY	
STREET ADDRESS 4706 INISHEER COURT	
CITY-ST-ZIP TALLAHASSEE FL 32308	
TITLE PD	<input type="checkbox"/> DELETE
NAME LEE KOPITNIK, NANCY	
STREET ADDRESS 4706 INISHEER COURT	
CITY-ST-ZIP TALLAHASSEE FL 32308	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME LEE KOPITNIK, NANCY	
1.3 STREET ADDRESS 1141 Wedge Way	
1.4 CITY-ST-ZIP Spring Hill, FL 34608	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME LEE KOPITNIK, NANCY	
2.3 STREET ADDRESS 1141 Wedge Way	
2.4 CITY-ST-ZIP Spring Hill, FL 34608	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME LEE KOPITNIK, NANCY	
3.3 STREET ADDRESS 1141 Wedge Way	
3.4 CITY-ST-ZIP Spring Hill, FL 34608	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME LEE KOPITNIK, NANCY	
4.3 STREET ADDRESS 1141 Wedge Way	
4.4 CITY-ST-ZIP Spring Hill, FL 34608	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME LEE KOPITNIK, NANCY	
5.3 STREET ADDRESS 1141 Wedge Way	
5.4 CITY-ST-ZIP Spring Hill, FL 34608	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME LEE KOPITNIK, NANCY	
6.3 STREET ADDRESS 1141 Wedge Way	
6.4 CITY-ST-ZIP Spring Hill, FL 34608	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, on an attachment with an address.

SIGNATURE:

Nancy L. Kopitnik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/98
DATE

Daytime Phone # 0049625

CR2E034 (10/97)