

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1-2

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL 31 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000035608 (5)
1. Corporation Name
PHYSICIANS MEDICAL CLAIMS SERVICES OF BREVARD, I
NC. (PMCS)

Principal Place of Business
901 WESTWOOD DR.
MERRITT ISLAND FL 32953

Mailing Address
901 WESTWOOD DR.
MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/01/1995	3a. Date of Last Report 04/02/1996
4. FEI Number 54-3313279	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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	

2. Principal Place of Business 21 1635 YATES DRIVE Suite, Apt. #, etc. 22 City & State 23 MERRITT ISLAND, FL Zip 24 32952 Country 25 USA	2a. Mailing Address 26 1635 YATES DRIVE Suite, Apt. #, etc. 27 City & State 28 MERRITT ISLAND, FL Zip 29 32952 Country 30 USA
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9. Name and Address of Current Registered Agent
DAHLENBURG, ERIC
901 WESTWOOD DR.
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent
81 Name DAHLENBURG, ERIC
82 Street Address (P.O. Box Number is Not Acceptable)
1635 YATES DRIVE
83
84 City MERRITT ISLAND FL 85 Zip Code 32952

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	D	DELETE
NAME	DAHLENBURG, ERIC	
STREET ADDRESS	901 WESTWOOD DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	DELETE
NAME	FUNSCH, LAURIE	
STREET ADDRESS	901 WESTWOOD DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	DAHLENBURG, ERIC		
1.3 STREET ADDRESS	1635 YATES DRIVE		
1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952		
2.1 TITLE	D	Change	Addition
2.2 NAME	FUNSCH, LAURIE		
2.3 STREET ADDRESS	1635 YATES DRIVE		
2.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952		
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			

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 REQUIRED
729.87

CR2E034 (4/97)

2-2

MEMORANDUM

DATE: July 15, 1997
TO: Florida Dept. of State
FROM: Eric Dahlenburg, PMCS of Brevard, Inc.
(FEI#54-3313279)
RE: Change of Address/ Late Filing
CC: File

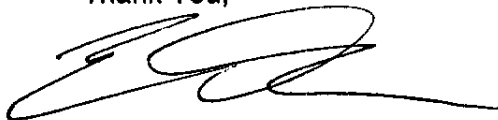
Dear Sir or Madame,

I filed a change of address with your Dept. over a Year and a Half ago. Despite this notice, I am still receiving correspondence from your office late or not at all.

In fact, I received my "2nd Notice" for the '97 annual report yesterday. I never received the "1st Notice" at the beginning of the year. I do not think it is fare to charge a \$385.00 late fee especially when no notice is provided.

I have enclosed a check for \$165.00 along with the annual report. I ask that in light of these circumstances, you administratively wave the late charge.

Thank You,



Eric Dahlenburg

PS The correct address for my corporation is:

Physicians Medical Claims Services of Brevard, Inc./ PMCS of Brevard, Inc.
1635 Yates Drive
Merritt Island, FL 32952
(407)453-4651
(407)453-7627 Fax