

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

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000058598 (0)

1. Corporation Name
ENGINEERED MEDICAL CONCEPTS & CONSULTING, INC.



Principal Place of Business Mailing Address
~~122 N. RIVER DR. W. JUPITER FL 33458~~ ~~122 N. RIVER DR. W. JUPITER FL 33458-0763~~
2401 PGA BLVD. 2401 PGA BLVD
Ste. 100 Ste. 100
Palm Beach Gardens, FL 33410 Palm Beach Gardens, FL 33410

3. Date Incorporated or Qualified 07/28/1995
3a. Date of Last Report 08/06/1996
4. FEI Number 59-3328311
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 2401 PGA Blvd.
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Palm Beach Gardens, FL
Zip 33410 Country USA
2a. Mailing Address
26 2401 PGA Blvd.
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Palm Beach Gardens, FL
Zip 33410 Country USA

9. Name and Address of Current Registered Agent
WRIGHT, CHARLES S
2838 NE SEWALLS LANDING WAY
JENSEN BCH. FL 34957
10. Name and Address of New Registered Agent
81 Name Richard J. Dungey
82 Street Address (P.O. Box Number is Not Acceptable) 1100 S. Federal Hwy.
83 Stuart FL 34994
84 City Stuart FL 85 Zip Code 34994

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]* DATE 1/10/97
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	FISHER, WALTER CRAIG	
STREET ADDRESS	122 N. RIVER DR. W.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	WRIGHT, CHARLES S	
STREET ADDRESS	2838 NE SEWALLS LANDING WAY	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	ALFRED WIMMERSTOFF	<input type="checkbox"/> DELETE
NAME	2401 PGA BLVD., STE 100	
STREET ADDRESS	Palm Beach Gardens, FL 33410	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alfred Wimmerstoff
1.3 STREET ADDRESS	2401 PGA Blvd., Suite 100
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* Charles Wright 1/13/97 (SG) 776-9555
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)