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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 06 1998 8:00am Secretary of State

DOCUMENT # P9600013793 (0)  MEDICAL RECORD CONSULTANTS, INC.							
Principal Place of Business Mailing Address						<b>1980</b> 111111 1 <b>40</b> 140 191	OF IN HEI
2645 SOUTHWEST 14TH COURT 2645 SOUTHWEST 14TH CO							
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 334				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					02/13/1996		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	h	plied For	
Suite Apt	26   Suite, Apt. #, etc.   Suile, Apt. #, etc.				65-0642539	\$8.75	ot Applicable
22	<b>1</b>				5. Certificate of Status Desired	Fee Re	
	City & State City & State				6. Election Campaign Financing	\$5.00	May Be
23	28		-,		Trust Fund Contribution	Added	
Zip			Count	lry	B. This despotation of the part the content year managed		
24	9. Name and Address of Currer	29	30		Personal Property Tax due June 30.  10. Name and Address of New Registere		J No.
100	<del></del>	it negletere Agent		1 Name	10. Harro and Addition of Hear Hogisters	a rigonit	
LEE, THERESA 2645 SW 14TH CT			-	D China et A da	(DO BUILDING NAMED )		
DEERFIELD BEACH FL 33442			6	2 Street Add	fress (P.O. Box Number is Not Acceptable)		
!			8	3			
			8	4 City		<b>65</b> Zip	Code
				)	F	L 1 1	1
11. Pursuant l office or re agent. I a	to th <b>e</b> provisions of Sections 607.050 agis <b>ter</b> ed agent, or both, in the State m fa <mark>mili</mark> ar with, and accept the oblig:	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the abo authorized l lorida Statut	ive-named corp by the corpora es.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing it pointment as	s registered registered
SIGNATURE	Classifier hand or count of one of the origin of one	AND And Made and Leathle	II . Dan atmost 6		ired when reinstating) DATE		
12.	Signature, typed or privided name of registrated agent and title it applicable. (NOTE OFFICERS AND DIRECTORS			gen signalure redu	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 12
TITLE	PD DELETE		1.1 TITLE			Change	Addition
NAME	LEE, THERESA		1.2 NAME				[5
STREET ADDRESS			1.3 STREET ADDRESS				إ
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY		····	Change	Addition
TITLE NAME	ST L.J DELETE LEE. SABRINA F		2.1 TITLE 2.2 NAME			Change	LI AUGINION (
STREET ADDRESS	1 111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			ET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		2. 4 CITY - ST - ZIP				}
TITLE	☐ DELETE		3.1 TITLE			Change	Addition
NAME			3.2 NAM	Ē			}
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP		Decemen	3.4. CITY			Channe	1 4 4 6 6 6 6
TITLE		☐ DELETE	4.1 TITLE	1		☐ Change	Addition
NAME STREET ADDRESS			4. 2 NAM	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				J
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAMI	£ .			
STREET ADDRESS			5.3 STRE	et address			
CITY-ST-ZIP			5.4 CHTY				
TITLE		☐ DELETE	6.1 TITLE			L Change	Addition
NAME			6.2 NAMI				{
STREET ADDRESS	S. Carlotte and Ca			ET ADDRESS			
14   hereby c	ertify that the information supplied w	th this tiling does not qualify t	6.4 CITY		Section 119 07(3)(i) Florida Statutas I further	ertify that the	information

14. Thereby 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 of 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 trusted 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

01011471197

4/20/00

OSU 3/11-2032