

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 28 1997 8:00am  
Secretary of State

DOCUMENT # P96000037413 (7)

1. Corporation Name

NATIONAL HEALTH CARE CONSULTANTS, INC.



Principal Place of Business  
3915 HAVERHILL ROAD  
SUITE 119  
WEST PALM BEACH FL 33417

Mailing Address  
3915 HAVERHILL ROAD  
SUITE 119  
WEST PALM BEACH FL 33417-8199

3. Date Incorporated or Qualified  
05/01/1996

3a. Date of Last Report

4. FEI Number

☒ 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAUFMAN, MARC  
3915 HAVERHILL ROAD  
SUITE 119  
WEST PALM BEACH FL 33417

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

*Marc Kaufman*  
Signature typed or printed name of registered agent and title if applicable

*MARC KAUFMAN MD*  
(NOTE: Registered Agent signature required when reinstating)

4/28/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME MARC KAUFMAN  
STREET ADDRESS 644 N.W. 70th Place  
CITY-ST-ZIP Parkland, FL 33067

TITLE ☐ DELETE

NAME Marie MacDonell  
STREET ADDRESS 3407 Seacoast St  
CITY-ST-ZIP Lantana, FL 33462

TITLE ☐ DELETE

NAME Secretary/Treasurer  
STREET ADDRESS Marcia Forrest  
CITY-ST-ZIP 4221 Brook Dr  
West Palm Beach, FL 33417

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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\*\*\*165.00

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 *Marc Kaufman*

CR2E034 (9/96)