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

DOCUMENT # P96000052440 (0)

MEDICAL CONSTRUCTION CONSULTANTS INC.

Principal Place of Business Mailing Address

FILED Apr 21 1998 8:00am Secretary of State



150 SW 12TH AVE SUITE 201 POMPANO BEACH FL 33069		150 SW 12TH AVE SUITE 201 POMPANO BEACH FL 33069		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/18/1996
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0691295 Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Z ₁ p	Country 25	7 _{lp}	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
BERNSTEIN, STUART A 150 SW 12TH AVE SUITE 201 POMPANO BEACH FL 33089				JASON UNGER Address (P.O. Box Number is Not Acceptable) O SW 12 Avenue wite 201 Compano Beach FL 85 Zip Code 33069
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 armamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE				
	Signature typed or printed name of registered ag	not and title if applicable (NOT)	Registered Agent signature	
12.	· ·	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	D	☐ DELCIE	1.1 1ITLE	
NAME BERNSTEIN, STUART			1.2 NAME	150 SW 12th Arene, Suite 201
STREET ADDRESS	150 SW 12TH AVE SUITE : POMPANO BEACH FL 330		1.3 STREET ADDRESS	POMPANO PRICH LEL \$3069
CITY-ST-ZIP	PUMPANU BEAUTI PL 330	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	
NAME		otten	2.2 NAME	JOHN BEESE
STREET ADDRESS			2.3 STREET ADDRESS	150 SW 12th Huenve, Suite 201
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	Dompano Beach FL 33069
TITLE		DELETE	3.1 TITLE	Change MAddition
NAME			3.2 NAME	ROBERT BERNSTEIN
STREET ADDRESS			3.3 STREET ADDRESS	ING SW 12th Avenue, Suite 201
CITY-\$T-ZIP			3.4. CITY-ST-ZIP	Amegine Reach PL 27069
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST - ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			62 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
T	. Alf. Al . S. Al . C. T	the still all and a second as a life of		d in Castian 110.07(3V). Florida Statutan I further contifu that the information

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statules, 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 audiess.

SIGNATURE:

ROBELT BERNTUN

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