

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000094622 (3)

1. Corporation Name

NATIONWIDE MEDICAL CONSULTANTS, INC.

Principal Place of Business

14369 BLACKBERRY DRIVE
W. PALM BEACH FL 33414

Mailing Address

14369 BLACKBERRY DRIVE
W. PALM BEACH FL 33414

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

4. FEI Number

65-0712615

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COHEN, ISRAEL
922 S.W. 36TH AVENUE
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

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

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

NAME

STREET ADDRESS

CITY-ST-ZIP

DAVID STILLMAN ☐ DELETE
PRESIDENT
7255 VIA PALOMAR
BOCA RATON, FL. 33433

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ALBERT EPSTEIN ☐ DELETE
5259 B EUROPA DR. EYE-V.P
BOYNTON BEACH, FL. 33437

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SECRETARY / TREASURER
DOROTHY B. CARSON
14369 BLACKBERRY DR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

W. PALM BEACH FL 33414 ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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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.

CR2E034 (4/97)

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NATIONWIDE
MEDICAL CONSULTANTS, INC.

JULY 31, 1997

DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION
P.O. BOX 6327
TALLAHASSEE, FL. 32314


TO WHOM THIS MAY CONCERN:

ENCLOSED YOU WILL FIND FILLED OUT PROFIT
CORPORATION ANNUAL REPORT 1997 FORM AND CHECK
FOR \$165.00.

PLEASE NOTE THAT WE NEVER RECEIVED
ANY PREVIOUS REPORTING REQUEST FORMS.

IF YOU HAVE ANY QUESTIONS PLEASE
LET ME KNOW.

THANK YOU FOR YOUR ASSISTANCE.

YOURS TRULY,
DAVID STILLMAN

PRESIDENT.