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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

Feb 05, 1999 8:00am

Secretary of State

02-05-1999 90017 048 ***150.00

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9700007011**1. Corporation Name

PREMIER MEDICAL CONSULTANTS, INC.

25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State City & State City & State City & State 28 Country Zip Country Zip Country 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent TREZONA, JON, 12295 OAKWIND PLACE SEMINOLE FL 33772 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Rec 5. Certificate of Status Desired Fee Rec City & State 6. Election Campaign Financing Trust Fund Contribution Added to Personal Property Tax. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/23/1997 4. FEI Number 59-3418620 C. S. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 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 Statutes, the above-named corporation submits this statement for the purpose of changing its registered was authorized by the corporation's board of directors. I hereby accept the appointment as registered 15, Florida Statutes. 1-4-99 (NOTE: Registered Agent skipnature required when reinstating) DATE
BLDG 100 STE 120 LARGO FL 33770 US 2. Principal Place of Business 2. Amailing Address 2. Mailing Address 2. Amailing Address 2. Election Campaign Financing	3. Date Incorporated or Qualifed 01/23/1997 4. FEI Number 59-34 18620 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code Statutes, the above-named corporation submits this statement for the purpose of changing its registered was authorized by the corporation's board of directors. I hereby accept the appointment as registered 15, Florida Statutes.
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6.3 STREET ADORESS

6.4 CITY-ST-ZIP

14. I 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 13 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP