2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000012824

ERICA BRITTON HEALTHCARE CONSULTING, INC.

Country

25

Principal Place of Business	Mailing Address
3040 N. 34TH STREET	3040 N. 34TH STREET
HOLLYWOOD FL 33021	HOLLYWOOD FL 33021

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90159 014 \*\*\*150.00



Applied For

□No

\$8.75 Additional

...Fee Required -

\$5.00 May Be

Added to Fees

Yes

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/07/1997 4. FEI Number

65-0729603

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
		81 Name				
BRIT	ton, erica	83 - 04 - 44	Address (D.O. Boy Number in Not Accords	hin)		
3040 N. 34TH STREET		62 Street	82 Street Address (P.O. Box Number is Not Acceptable)			
HOL	LYWOOD FL 33021	83				
		84 City		FL 85 Zip C	ode	
	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	the shave somed	accounting submite this statement for the		registered	
office or n	to the provisions of Sections 607,0502 and 607,1506, Florida Statuter agistered agent, or both, in the State of Florida. Such change was auf in familiar with, and accept the obligations of, Section 607,0505, Florida in familiar with, and accept the obligations of, Section 607,0505, Florida	thorized by the cord	oration's board of directors. I hereby accep	t the appointment as reg	istered	
SIGNATURE	•			<u> </u>		
	Signature, types of particular transfer and	Registered Agent signature		DATE	70 1140	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF			
TITLE 4	PD DELETE	1.1 TITLÉ		Change	Addition	
NAME	BRITTON, ERICA	1.2 NAME				
STREET ADDRESS	3040 N. 34TH STREET	1.3 STREET ADDRESS			ľ	
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP				
TITLE	<b>VOM</b> □ DELETE	2.1 TITLE		Change	Addition	
NAME	BRITTON, WILLIAM	2.2 NAME			ļ	
STREET ADDRESS	3040 N. 34TH STREET	2.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP			- 1	
TITLE	DELETE	3.1 TITLE	range of the same	- Change	☐ Addition	
NAME :		3.2 NAME			Ì	
STREET ADORESS		3.3 STREET ADDRESS		*		
		3.4. CITY-ST-ZIP		•		
CITY-ST-ZIP	□ DELETE	4.1 TITLE		Change	Addition	
i	,	4. 2 NAME		0	_	
NAME						
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP	Constru	4.4 CITY-ST-ZIP		☐ Change	Addition	
TITLE	☐ DELETE	5.1 TITLE		L1 Change		
NAME		5.2 NAME				
STREET ADORESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP	·			
TITLE	_ □ DELETE	6.1 TITLE		Change	☐ Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP				
14   hereby c	ertify that the information supplied with this filing does not qualify for	the exemption state	d in Section 119.07(3)(i), Florida Statutes.	further certify that the in	nformation	

Country

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4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatio 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, with all other like empowered.

SIGNATURE:

COURT TO THE STANDARD OF FICER OF DIRECTOR

4/5/99

954 481)5)

Daytime Phone