SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. **AMOUNT DOE O.4 OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

profit corporation Reinstatement

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037417 (7)

GLOBAL MEDICAL COST CONTAINMENT INC.

FILED

99 FEB 25 PH 2: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		* T**
1247 SW 87TH TERRACE PLANTATION FL 33324		1247 SW 87TH TERRACE PLANTATION FL 33324		REINSTATEMENT 1998-1990
•				3. Date Incorporated or Qualified 04/25/1997
 		2a. Mailing Address	-	4. FEI Number Applied For
		Suite, Apt #, etc.		65-0749373 Not Applicable \$8.75 Additional
22]				5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	[28] Zip	Country	Trust Fund Contribution L. I. Added to Fees 8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30 [] Yes [] No
•	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered Agent
	NIURKA			
1247 SW 87TH TERRACE 4 PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable)				
1.50	TITALION I E OSSET		83	**** · · · · · · · · · · · · · · · · ·
			84 City	■■ 85 Zip Code
44 Durayant	to the provision of actions 607 050	Cond 607 1509 Florido Ctatuto	the above second serve	oration submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was a	uthorized by the corporate	ion's board of directors. I hereby accept the appointment as registered
SIGNATURE	am raminar with, and accept the oblig	silving bit, Section 607.0505, Flo	ilda Statules	3/32/99
	Signature. I person printed name of registered ager		TE Registered Agent signature req	
12.	D OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	CID. NIURKA	L_) DELETE	1.2 NAME	0000027927607
STREET ADDRESS C/O 1247 SW 87TH TERRACE		13 STREE! ADDRESS	~03/03/93 - ~01004 - ~006	
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP	****300,00 <u>****300</u> ,00
TITLE NAME		L J DELETE	2 1 TITLE 2 2 NAME	Change Addition
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			2.4 C(1 Y-S1-Z)P	
TITLE		[] DELETE	3 1 TITLE	Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADORESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		DELETE	4 1 111LE	Change . Addition
NAME			4 2 NAVE	
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CHTy-ST-ZIF	
CITY-ST-ZIP		DELETE	51 TITLE	Change Addtor
NAME V		<u></u>	5 2 NAME	Emil - Jago (Light Foots)
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP TITLE		[]DELETE	54 City-St-ZiP	
NAME		L_) DELETE	6 2 NAME	L] Change L] Addition
STREET ADDRESS			63 STREET ADORESS	
CITY-ST-ZIP		The First State of the State of the	6.4 CiTy-\$1-2iP	Control of the contro
indicated of an officer of	on this annual report or supplemental	annual report is true and accur- ceiver or trustee empowered to	ate and that my signature	ston 119.07(3)(i). Florida Statutes: I further certify that the information is half have the same legal effect as if made under oath, that I am quired by Chapter 607, Florida Statutes; and that my name appears

12/22/48