Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90044 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000053549

1. Corporation Name

Insurai 	NCE MEDICINE CONSULTAN	ITS, INC.					 		
Principal Place	at Dusings	Mailing Address						01101 B1010 1811 1601	ĺ
i '		· ·							
7844 COWAN CT.					1				
ORLANDO FL 32835 ORLANDO FL 32835				DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed	i		-	1
					06/17/1997				╝
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	_
21		26		59-3461818		Not Applicable		<u>.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional	
22		27		12			e Required		
<u> </u>	6 ·	City & State =		•	6. Election Campaign Financing			00 May Be	
23		28			/ Trust Fund Contribution			led to Fees	\dashv
Zip	Country	Zip	Countr	у ,	8. This corporation owes the cu	rrent year Inta	ingible Yes	ΜNο	
24	25		30		Personal Property Tax. 10. Name and Address of New	Pegistered A		<u> </u>	ᅱ
}	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New	registerou z	gont		ᅱ
DEV	ER, MICHEAL E		Ľ	· · · · · · · · · · · · · · · · · · ·					
	4 COWAN CT.		82	2 Street Addre	ess (P.O. Box Number is Not Accep	table)			
1	ANDO FL 32835	•	83	2					ᅱ
0112	ANDO 1 E 02000		"	1					
			84	4 City		FL	85	Zip Code	- {
11 Burguent	to the provisions of Sections 607.0502	and 607 1508 Florida Statute	s the abov	ve-named com	oration submits this statement for th	a numace of	hanging	a its registered	
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligation	t Florida. Such change was all	tnonzea oi	v tne comoratio	n's board of directors. I hereby acco	ept the appoin	tment a	s registered	1
	m familiar with, and accept the obligati	one of Section 607 (1505 Florid	da Statilite						
agent. Fa	III tallillat Wall, and accept the eniger	0113 01, 000d011 007.0000, 1 1011		.					-
SIGNATURE					t when reinstating)	DATE			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F		ent signature required			D DIRE	CTORS IN 12	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Age	ent signature required	when reinstating) ADDITIONS/CHANGES TO O		D DIRE		nc
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: I	Registered Age	ent signature required					nc
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DEVER, MICHAEL E	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME	ent signature required					on
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D DEVER, MICHAEL E 7844 COWAN CT.	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME	ent signature required					on
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DEVER, MICHAEL E	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME	ent signature required ET ADDRESS ST-ZIP				nge	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND DEVER, MICHAEL E 7844 COWAN CT. ORLANDO FL 32835	and title if applicable. (NOTE: I	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-	ent signature required ET ADDRESS ST-ZIP			Char	nge	
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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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

407) 297-4323