

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jul 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000058979 (0)**

1. Corporation Name  
**MEDICORP CONSULTING GROUP INC**



Principal Place of Business <b>3411 NW 9TH AVE. SUITE #703 OAKLAND PARK FL 33309</b>	Mailing Address <b>3411 NW 9TH AVE. SUITE #703 OAKLAND PARK FL 33309</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3409 NW 9th Ave</b> Suite, Apt. #, etc. 22 <b>Suite 1101</b> City & State 23 <b>Oakland Park FL</b> Zip 24 <b>33309</b>		2a. Mailing Address 26 <b>3409 NW 9th Ave</b> Suite, Apt. #, etc. 27 <b>Suite 1101</b> City & State 28 <b>Oakland Park FL</b> Zip 29 <b>33309</b> Country 30 <b>Broward</b>		3. Date Incorporated or Qualified <b>07/07/1997</b>	
4. FEI Number <b>650772355</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>LAWRENCE, BEVERLY 3411 NW 9TH AVE, SUITE #703 OAKLAND PARK FL 33309</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LAWRENCE, BEVERLY</b>			1.2 NAME			
STREET ADDRESS	<b>3411 NW 9TH AVE, SUITE #703</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OAKLAND PARK FL 33309</b>			1.4 CITY-ST-ZIP			
TITLE	<b>Secretary</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>Sofia Wong</b>			2.2 NAME			
STREET ADDRESS	<b>5862 Kelcey Lane Tampa FL 33635</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>33635</b>			2.4 CITY-ST-ZIP			
TITLE	<b>TREASURER</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CHARLES LAWRENCE</b>			3.2 NAME			
STREET ADDRESS	<b>2864 NE 27 Street</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>33306</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ 5/6/98 19541630-9823

CR2E034 (10/97)