

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000059659 (7)**

1. Corporation Name

FLORIDA HEALTHCARE & BUSINESS CONSULTANTS, INC.

Principal Place of Business

**U.S. SMALL BUSINESS SERVICES
1004 U.S. HIGHWAY 19 STE. 202
HOLIDAY FL 34691**

Mailing Address

**U.S. SMALL BUSINESS SERVICES
1004 U.S. HIGHWAY 19 STE. 202
HOLIDAY FL 34691**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **2435 US Highway 19**

Suite, Apt. #, etc.

22 **640**

City & State

23 **Daytona FL**

Zip

24 **32091**

Country

25 **USA**

2a. Mailing Address

26 **4539 NEEDLE PALM DR.**

Suite, Apt. #, etc.

27

City & State

28 **New Port Richey, FL**

Zip

29 **34652**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**SCHMIDT, L P
5700 MEMORIAL HIGHWAY STE. 202
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name

Joseph A. Janczic

82 Street Address (P.O. Box Number is Not Acceptable)

4815 E. BUCHANAN BLVD.

83

Suite 113

84 City

Tampa

FL

85 Zip Code

33617

11. Pursuant to the provisions of Sections 607.0504 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-98

12. OFFICERS AND DIRECTORS

TITLE **General Manager** ☐ DELETE

NAME **Director/President**

STREET ADDRESS **4539 NEEDLE PALM DR.**

CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **L. PAUL SCHMIDT** ☐ DELETE

NAME **OFFICE**

STREET ADDRESS **55 MARSHALL ST.**

CITY-ST-ZIP **ATLANTA GA 30303**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

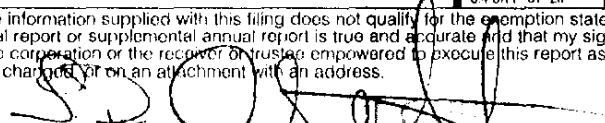
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*****150.00**

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:



4/30/98

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CR2E034 (10/97)