


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

006261

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|----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

FILED

98 NOV -3 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000066412 (2)**

1. Corporation Name
RLB MED-SEARCH, INC.



| | |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business 1566 MULLETT LANE NAPLES FL 34102 | Mailing Address 1566 MULLETT LANE NAPLES FL 34102 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|-----------------------------------------------------------------------------------------------------|------------|------------------------|------------|------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 07/30/1997 | |
| 21 Suite, Apt. #, etc. | 26 | 27 Suite, Apt. #, etc. | 30 | 4. FEI Number 59-3464727 | Applied For <input type="checkbox"/> Not Applicable |
| 22 City & State | 28 | 29 City & State | 31 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip | 25 Country | 29 Zip | 30 Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, KAREN
1566 MULLETT LANE
NAPLES FL 34102

| | |
|-------------|---------------------------------------------------------------------------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) 300002681949--1 |
| 83 | -11/06/98-01038-011 |
| 84 City | FL |
| 85 Zip Code | 34102 |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | | | | | |
|----------------------------|-----------------------------|-------------------------|---------------------------------|-------------------------------------------------------|----------|--------------------|-----------------|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| | KAREN C. LEE | 1303 WAHOO COURT | NAPLES, FL 34102 | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| | Richard L. Bowen, MD | 90 SOUTHPORT | BONITA SPRINGS, FL 34134 | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| | | | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 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:

SIGNATURE REQUIRED

President 941 403-9688

CR2E034 (5/98)