

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000091782 (7)
 1. Corporation Name
UNIMED HEALTHCARE CONSULTANTS, INC.



Principal Place of Business: **17602 GROVEVIEW DR. LUTZ FL 33549**
 Mailing Address: **17602 GROVEVIEW DR. LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1420 Chesapeake Dr	26	1420 Chesapeake Dr	10/22/1997	
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEL Number	
				59-348 4031	
22	City & State	27	City & State	5. Certificate of Status Desired	
23	Odessa FL	28	Odessa FL	<input type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip	29	Zip	6. Election Campaign Financing	
33556	Country	33556	Country	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
	Pasco		Pasco	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
RODRIGUEZ, DENNIS E
17602 GROVEVIEW DR.
LUTZ FL 33549

10. Name and Address of New Registered Agent

81	Name	Rodriguez, Dennis E.
82	Street Address (P.O. Box Number is Not Acceptable)	1420 Chesapeake Dr.
83		
84	City	Odessa FL
85	Zip Code	33556

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, DENNIS E	
STREET ADDRESS	17602 GROVEVIEW DR.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D Rodriguez, Dennis E.	
1.3 STREET ADDRESS	1420 Chesapeake Dr	
1.4 CITY-ST-ZIP	Odessa, FL 33556	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* 479608 1812 970-8302

CR2E034 (10/97)