

5-15-98 B-1465 -C

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

FILED

May 15 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 # P97000093498 (8)

1. Corporation Name

HEALTHCARE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
3275 WEST HILLSBORO BLVD SUITE 207 DEERFIELD BEACH FL 33442	3275 WEST HILLSBORO BLVD SUITE 207 DEERFIELD BEACH FL 33442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9045 LA Fontana Blvd Suite, Apt. #, etc. 22 C12 City & State 23 Boca Raton Florida Zip Country 24 33434 25 USA		2a. Mailing Address 26 9045 LA Fontana Blvd Suite, Apt. #, etc. 27 C12 City & State 28 Boca Raton Florida Zip Country 29 33434 30		3. Date Incorporated or Qualified 10/30/1997 4. FEI Number 65-0794986 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 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 type="checkbox"/> No
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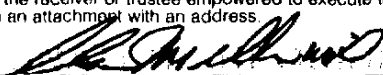
9. Name and Address of Current Registered Agent MILLER, ALAN I 3275 WEST HILLSBORO BLVD SUITE 207 DEERFIELD BEACH FL 33442	10. Name and Address of New Registered Agent 81 Name Alan I Miller 82 Street Address (P.O. Box Number is Not Acceptable) 9045 LA Fontana Blvd 83 Suite C12 84 City Boca Raton FL 85 Zip Code 33434
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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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE  3/30/98
 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	D	1.1 TITLE	President
NAME	MILLER, ALAN I	1.2 NAME	
STREET ADDRESS	3275 WEST HILLSBORO BLVD SUITE 207	1.3 STREET ADDRESS	9045 LA Fontana Blvd
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	Suite C12 Boca Raton FL 33434
TITLE		2.1 TITLE	Vice President
NAME		2.2 NAME	Juan DePaoli
STREET ADDRESS		2.3 STREET ADDRESS	9045 LA Fontana Blvd Suite C12
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton FL 33434
TITLE		3.1 TITLE	Treasurer
NAME		3.2 NAME	Jonathan Elfenbein
STREET ADDRESS		3.3 STREET ADDRESS	9045 LA Fontana Blvd Suite C12
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton FL 33434
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:  3/30/98

CR2E034 (10/97)