

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

FILED

May 01 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 # **P97000108461 (9)**

1. Corporation Name

ADVANCED HEALTH CARE CONSULTANTS/PORT ST. LUCIE, INC.

Principal Place of Business

**11940 US HIGHWAY #1 SUITE 201
NORTH PALM BEACH FL 33408**

Mailing Address

**11940 US HIGHWAY #1 SUITE 201
NORTH PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1997

2. Principal Place of Business

8942 South US Highway 1

2a. Mailing Address

8942 South US Highway 1

4. FEI Number

65-0801069

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

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34952

Country

US

Zip

34952

Country

US

9. Name and Address of Current Registered Agent

**SPRINKLE, PHILIP M II
PHILLIPS POINT-EAST TOWER
777 S FLAGLER DRIVE SUITE 900
WEST PALM BEACH FL 33401**

81. Name

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

83.

84. City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SERRA, JOSE MD
11940 US HIGHWAY #1 SUITE 201
NORTH PALM BEACH FL 33408**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
FINNEL, DEBBIE
11940 US HIGHWAY #1 SUITE 201
NORTH PALM BEACH FL 33408**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NIERENBERG, LARRY
11940 US HIGHWAY #1 SUITE 201
NORTH PALM BEACH FL 33408**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SCHWENKE, KIM
11940 US HIGHWAY #1 SUITE 201
NORTH PALM BEACH FL 33408**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MUELLER, LARRY
11940 US HIGHWAY #1 SUITE 201
NORTH PALM BEACH FL 33408**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
MANDELL, ROBERT
11940 US HIGHWAY #1 SUITE 201
NORTH PALM BEACH FL 33408**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Albert A. Stuebel, President*

4-24-98

CR2E034 (10/97)