**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90011 044 \*\*\*150.00

	8

Applied For

\$8.75 Additional

Fee Required

Not Applicable

**DOCUMENT#** P98000004552 1. Corporation Name

LEGAL HEALTHCARE CONSULTANTS, INC.

Principal Place of Business 8230 SOUTHWEST 203RD STREET MIAMI FL 33189

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

8230 SOUTHWEST 203RD STREET MIAMI FL 33189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/15/1998

FEI Numbe

65-0810306

5. Certificate of Status Desired

28   Country   Zip   Country   Zip   S. This corporations were the current year   retangible Personal Property   Ves   No.							<del></del>	
Zip	City & State		<u> </u>	City & State				
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  85 City  FL 85 Zip Code  87 City  FL 85 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  83 Zip Code  84 City  FL 85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City  FL 85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Zip Code  84 Zip Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Code  84 Zip Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  87 Zip Code  87 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Z	23			<del></del>	<del></del>		<del></del>	
9. Name and Address of Current Registered Agent  BARTH, KATHLEEN E 8230 SOUTHWEST 203RD STREET MIAMI FL 33189  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the purvisions of sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In familiar with, not accept the obligations of, section 507,0505, Florida Statutes.  85 CINATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  PD BARTH, KATHLEEN E 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CIT-ST-2P  TITLE  PD BARTH, KATHLEEN E 13. TITLE 14. CIT-ST-2P  INAMI FL 33189  DELETE 14. TITLE 23. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE 15. TITLE 16. Change Addition 25. STREET ADDRESS 27. STREET ADD	<del>,</del> '	Country	<b>⊢</b> ¬	ip	<u></u>		· · · · · · · · · · · · · · · · · ·	ent year
BARTH, KATHLEEN E 8230 SOUTHWEST 203RD STREET MIAMI FL 33189  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, Fixrida Statutes, the above-named corporation submits this statement for the purpose of chanqing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation 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, the above-named corporation submits this statement for the purpose of chanqing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of chanqing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of chanqing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of chanqing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of chanqing its registered agent, or both agent and the registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar and accept the appointment as a familiar and accept the appoint	24		<del></del>		30			
BARTH, KATHLEEN E 8230 SOUTHWEST 203RD STREET MIAMI FL 33189  84 City FL 85 Zip Code  11. Pursuant to the provisions of sections 607 0502 and 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the oligipations of, section 607 (500,5 Florida, Statutes.)  SIGNATURE  Signature, hyperic registered agent and itself applicable.   NOTE: Registered Agent signature was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am filmliar with, and accept the oligipations of, section 607 (500,5 Florida, Statutes.)  SIGNATURE  Signature, hyperic registered agent and itself applicable.   NOTE: Registered Agent signature was registered agent and itself applicable.   NOTE: Registered Agent signature was registered agent and itself applicable.   NOTE: Registered Agent signature was registered agent and itself applicable.   NOTE: Registered Agent signature was registered agent.   DATE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. TITLE   DELETE   1.1 TITLE   Change   Addition   NAME   STREET ADDRESS   2.2 TITLE   Change   Addition   NAME   STREET ADDRESS   2.3 TITLE   Change   Addition   NAME   STREET ADDRESS   3.3 TITLE   Change   Addition   NAME   STREET ADDRESS   3.4 TITLE   Change   Addition   NAME   STREET ADDRESS   3.5 TITLE   Change   Addition   NAME		9. Name and Address of	of Current Register	red Agent			10. Name and Address of New H	legistered Agent
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11. Pursuant to the provisions of sections 607 0502 and 607.1508, Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, or hereby accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE   Signature, type or protein mans of registered agent and title registered agent					84	City		85 Zin Code
office or registered agent, or both, in the State of Florida Succin change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, and accept the obligations of, such change by the corporation's board of directors. I nereby accept the appointment as registered agent, and anomaly an imministration agent, and accept the obligations of, such change by the corporation's board of directors. I nereby accept the appointment as registered agent, and agent and tills if applicable. (NOTE Registered Agent agreture mounted when ministrating)  12.  OFFICERS AND DIRECTORS IN 12  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  BARTH, KATHLEEN E  8230 SOUTHWEST 203RD STREET  BARTH, KATHLEEN E  8230 SOUTHWEST 203RD STREET  13 STREET ADDRESS  CITYSTZIP  DELETE  21 TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  TITLE  NAME  33 STREET ADDRESS  CITYSTZIP  DELETE  41 TITLE  Addition  Additi					٦	Oily		FL   S   E   S
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r nereby certify that the information supplied with this filling 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.

KATHLEEN E. BARTH 7/16/99

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P98010014562 598016-9021-44

July 6, 1999

Divisions of Corporations PO Box 6327 Tallahassee, Florida 32314

To Whom it May Concern;

This letter is in reference to the 1999 Profit Corporation Annual Report. I received the "2" Notice" from the Florida Department of State indicating the filing fee was \$550.00, including late fee. This "2" Notice" was the only notice I received regarding the Annual Report. On 7/6/1999, I contacted The Annual Reports Division at (850) 487-6056 and spoke with Marie regarding my lack of initial notice. Marie informed me that several corporations had experienced the same lack of initial notice. Marie instructed me to attach a letter to this effect with my payment of: \$150.00 addressed to the above address. The completed annual report, document # P98000004552 for Legal Healthcare Consultants, Inc., accompanies this letter and payment of \$150.00.

Thank You,

Kathleen E. Barth

Legal Healthcare Consultants, Inc.

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