

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

**DOCUMENT # P98000004552**  
1. Corporation Name  
**LEGAL HEALTHCARE CONSULTANTS, INC.**



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/15/1998**

4. FEI Number

**65-0810306**

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 the current year  
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

**BARTH, KATHLEEN E**  
**8230 SOUTHWEST 203RD STREET**  
**MIAMI FL 33189**

10. Name and Address of New Registered Agent

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

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARTH, KATHLEEN E</b>	
STREET ADDRESS	<b>8230 SOUTHWEST 203RD STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33189</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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: **KATHLEEN E. BARTH** **KATHLEEN E. BARTH**

**7/16/99**

**305-232-8288**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0080756

P98000004552  
598076-9021-44

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<sup>nd</sup> Notice" from the Florida Department of State indicating the filing fee was \$550.00, including late fee. This "2<sup>nd</sup> 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.