FILE NOW: FILING FEE AFTER MAY 1ST IS ~~$550.00~~ - $750.00

PROFIT CORPORATION ANNUAL REPORT
1999 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 12 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000029374

1. Corporation Name

ADVANCED HEALTH CARE CONSULTANTS/LAKE CHARLES, INC.

Principal Place of Business	Mailing Address
11940 US HIGHWAY 1 SUITE 201 NORTH PALM BEACH, FLORIDA 33408	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/31/98

2. Principal Place of Business	2a. Mailing Address
21 3271 S.W. RIVERS END WAY	26 3271 S.W. RIVERS END WAY
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PALM CITY, FLORIDA	28 City & State: PALM CITY, FLORIDA
24 Zip: 34990 25 Country: USA	29 Zip: 34990 30 Country: USA

4. FEI Number: 58-2381423 ☐ 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 Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PHILIP M. SPRINKLE II 777 SOUTH FLAGLER DRIVE SUITE 900 WEST PALM BEACH, FLORIDA 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 607.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SERRA, JOSE MD 3271 S.W. RIVERS END WAY PALM CITY, FL 34990	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FINNEL, DEBBIE 3271 S.W. RIVERS END WAY PALM CITY, FL 34990	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 100003015191---3 -10/14/99--01090--012 ****750.00 ****750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD NIERENBERG, LARRY 3271 S.W. RIVERS END WAY PALM CITY, FL 34990	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHWENKE, KIM 3271 S.W. RIVERS END WAY PALM CITY, FL 34990	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MUELLER, LARRY 3271 S.W. RIVERS END WAY PALM CITY, FL 34990	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MANDELL, ROBERT 3271 S.W. RIVERS END WAY PALM CITY, FL 34990	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition TS

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ Oct 8-1999 561-220-5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Larry Mueller, Vice President