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03-22-1999 90119 025 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000059208

1. Corporation Name
HEALTHGATE CONSULTANTS, INC.



Principal Place of Business
 15850 NW 17TH PL
 OPA LOCKA FL 33054

Mailing Address
 15850 NW 17TH PL
 OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/06/1998

4. FEI Number 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

2. Principal Place of Business
 21 **3835 REGENTS WAY**
 Suite, Apt. #, etc. 22

2a. Mailing Address
 26 **3835 REGENTS WAY**
 Suite, Apt. #, etc. 27

City & State
 23 **OWIEDO, FLORIDA**
 Zip Country 24 **32765** 25 **United States**

City & State
 28 **OWIEDO, FLORIDA**
 Zip Country 29 **32765** 30 **United States**

9. Name and Address of Current Registered Agent
DWIGHT, RANDY
 15850 NW 17TH PL
 OPA LOCKA FL 33054

10. Name and Address of New Registered Agent
 81 Name **DWIGHT, RANDY**
 82 Street Address (P.O. Box Number is Not Acceptable) **3835 REGENTS WAY**
 83
 84 City **OWIEDO** FL 85 Zip Code **32765**

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 *Randy Dwight* **Randy DWIGHT** DATE **4/1/99**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DWIGHT, RANDY	
STREET ADDRESS	15850 NW 17TH PL	
CITY-ST-ZIP	OPA LOCKA FL 33054	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DWIGHT, RANDY	
1.3 STREET ADDRESS	3835 REGENTS WAY	
1.4 CITY-ST-ZIP	OWIEDO, FLORIDA 32765	
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, with all other like empowered.

SIGNATURE *Randy Dwight* **Randy DWIGHT** DATE **4/1/99** (407) 566-0712 Daytime Phone #

CR2E034 (11/98)