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).

0004619

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 JUL 12 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000066687

1. Corporation Name
ACE CONSULTING & REALTY CO.

Principal Place of Business	Mailing Address
11301 MCMULLEN RD RIVERVIEW FL 33569	11301 MCMULLEN RD RIVERVIEW FL 33569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/29/1998

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number
59-3525383
☐ 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

FLETCHER, CHERYL L
11301 MCMULLEN RD
RIVERVIEW FL 33569

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLETCHER, CHERYL L 11301 MCMULLEN RD RIVERVIEW FL 33569	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	ADD/P	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	700002940377--4 -07/23/99--01079--006 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ 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		☐ 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		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/99)

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.

7/21/99

SIGNATURE: Cheryl L Fletcher Cheryl L Fletcher 6-29-99 (813) 223-5463
800-610-0868

June 30, 1999

Florida Division of Corporations
Department of State

Reference: late filing for Corp.

I am enclosing a check for $150.00 for Annual Corp. filing. I realize that the report states the law does not allow for exceptions but after talking with a representative at the State Division of Corp., I was told to send the check for $150.00 with a copy of my hospital bill. I was unable to file for a June 11 due to hospitalization for emergency surgery.

I understand it is not good business practice to allow important items await until the last minute but did not plan on circumstances that occured. In future I am hiring a new accountant that can help keep me updated on Corp. requirement & the late fee cannot be waived please notify me. I thank you for your attention & my request.

Sincerely,
Cheryl L. Fletcher

STATEMENT OF ACCOUNT FOR HOSPITAL SERVICES

FLETCHER CHE 00070326171101384000000000005

COLUMBIA BRANDON
CENTRAL BUSINESS OFFICE
9501 INTERNATIONAL CT.
ST. PETERSBURG, FL 33716
ATTN: BUSINESS OFFICE

ACCOUNT NUMBER	PATIENT NAME	VISIT TYPE/DATE	STATEMENT DATE	AMOUNT NOW DUE
703261711	FLETCHER CHERYL L	INPATIENT 06/09/99 TO 06/15/99	06/18/99	$0.00

MAIL PAYMENT TO

**********AUTO**3-DIGIT 335
FLETCHER CHERYL L 6823 C66 P1
11301 MCMULLEN RD
RIVERVIEW FL 33569-6308

COLUMBIA BRANDON
CENTRAL BUSINESS OFFICE
9501 INTERNATIONAL CT N
SAINT PETERSBURG FL 33716-4803
ATTN: BUSINESS OFFICE

PLEASE PRINT CHANGE OF ADDRESS OR PHONE NUMBER ABOVE

TO RECEIVE PROPER CREDIT, PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.
TO PAY BY CREDIT CARD, SEE AUTHORIZATION NOTICE ON THE BACK.

SUMMARY OF ACCOUNT

TRANSACTIONS MADE AFTER THE STATEMENT DATE WILL APPEAR ON THE NEXT STATEMENT

COLUMBIA BRANDON
CENTRAL BUSINESS OFFICE
9501 INTERNATIONAL CT.
ST. PETERSBURG, FL 33716
ATTN: BUSINESS OFFICE

STATEMENT DATE	STATEMENT PERIOD
06/18/99	06/09/99 TO 06/15/99
ACCOUNT NUMBER	PATIENT NAME
703261711	FLETCHER CHERYL L

ESTIMATED INSURANCE AMOUNT IS BASED ON OUR BEST INFORMATION.

ACCOUNT BALANCE LAST STATEMENT	NEW CHARGES CREDITS	NEW PAYMENTS PAYMENTS	ACCOUNT ADJUSTMENTS	CURRENT ACCOUNT BALANCE	ESTIMATED INSURANCE AMOUNT	AMOUNT NOW DUE
0.00	22915.91	0.00	0.00	22,915.91	22,915.91	$0.00

DATE	DESCRIPTION	QTY	AMOUNT
06/15/99	INPATIENT SERVICES		
	DRUG/GENERIC	46	980.50
	DRUGS/NONSCRPT	2	.00
	DRGS/OTHER	32	367.00
	STERILE SUPPLIES	21	678.00
	LAB/CHEMISTRY	6	983.75
	LAB/HEMATOLOGY	6	727.00
	LAB/UROLOGY	2	81.75
	PATHOL/CYTOLOGY	1	33.00
	DX X-RAY/CHEST	3	649.25
	OR SERVICES	8	3,651.12
	EMERG ROOM	1	513.75
	RECOVERY ROOM	2	486.00
	PHARMACY	6	0.00
	DRUGS/NONGENERIC	24	1,707.75
	IV SOLUTIONS	13	1,272.50
	MED-SURG SUPPLIES	36	1,335.94
	LABORATORY	8	0.00
	LAB/IMMUNOLOGY	4	137.66
	LAB/BACT-MICRO	5	514.25
	PATH/LAB	3	1,098.75
	DX XRAY	1	312.25
	CT SCAN/BODY	2	3,100.00
	ANESTHESIA	8	943.04
	DRUGS REQUIRING DET CODE	1	323.40
	EKG/ECG	1	179.25
	ROOM CHARGES		2,632.00
	TOTAL CHARGES		22,915.91
	ACCOUNT BALANCE		22,915.91
	ESTIMATED INSURANCE		22,915.91
06/10/99	COMMERCIAL INS MISCELLAN	BILLED	
06/18/99	TRICARE ACUTE-CHAMPUS/CH	BILLED	

IF YOU HAVE QUESTIONS REGARDING YOUR ACCOUNT, PLEASE CALL: 813-386-1500

THANK YOU FOR CHOOSING COLUMBIA
CUSTOMER SERVICE IS OPEN MON-FRI

BRANDON REGIONAL MEDICAL CENTER
8:00 AM THROUGH 5:00 PM

THIS BILL IS FOR HOSPITAL SERVICES ONLY