

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90033 018 ***150.00

DOCUMENT # P99000065781

1. Entity Name
DISEASE MANAGEMENT CONSULTANTS, INC.

Principal Place of Business 307 VENTANA BOULEVARD SANTA ROSA BEACH FL 32459	Mailing Address 307 VENTANA BOULEVARD SANTA ROSA BEACH FL 32459
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3588912**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SOUTHWEST 22 STREET
 4TH FLOOR
 MIAMI FL 33145**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VARNDORE, WILLIAM E JR. 307 VENTANA BOULEVARD SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MARCUS, ROSALYN P 307 VENTANA BOULEVARD SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCUS VARNDORE, ROSALYN P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE *Rosalyn P. Marcus* 1/14/02 (850) 231-6995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment
 Doc# 99000005781 / 8.13019
 MARRIAGE RECORD
 FLORIDA

APPLICATION NO. 98-194(E)

GROOM DATA	1. GROOM'S NAME (First, Middle, Last)	WILLIAM EDWARD VARNADORE JR.			2. DATE OF BIRTH (Month, Day, Year)	SEPTEMBER 14, 1957	
	3a. RESIDENCE - CITY, TOWN, OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)	4739 N. RUSHMORE LP. BEVERLY HILLS CITRUS FLORIDA 34465 SOUTH CAROLINA		
BRIDE DATA	5a. BRIDE'S NAME (First, Middle, Last)	ROSALYN PHYLLIS MARCUS			5b. MAIDEN SURNAME (if different)	MARCUS	
	7a. RESIDENCE - CITY, TOWN, OR LOCATION	7b. COUNTY	7c. STATE	8. BIRTHPLACE (State or Foreign Country)	504 GREEN SPRING CIRCLE WINTER SPRINGS SEMINOLE FLORIDA 32708 PENNSYLVANIA		
AFFIDAVIT OF BRIDE AND GROOM	WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.						
AFFIDAVIT OF BRIDE AND GROOM	9. GROOM'S SIGNATURE (Sign full name)	<i>William Edward Varnadore Jr.</i>			13. BRIDE'S SIGNATURE (Sign full name)	<i>Rosalyn Phyllis Marcus</i>	
	10. SUBSCRIBED AND SWORN TO BEFORE ME ON:	11. TITLE OF ISSUING OFFICIAL	14. SUBSCRIBED AND SWORN TO BEFORE ME ON:	15. TITLE OF ISSUING OFFICIAL	MARCH 9, 1998 DEPUTY CLERK MARCH 9, 1998 DEPUTY CLERK		
	12. SIGNATURE OF ISSUING OFFICIAL	<i>Karan P. Danon</i>			16. SIGNATURE OF ISSUING OFFICIAL	<i>Karan P. Danon</i>	

LICENSE TO MARRY	17. DATE LICENSE ISSUED	MARCH 9, 1998		CERTIFICATE OF MARRIAGE	21. I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF FLORIDA			
	18. EXPIRATION DATE	MAY 8, 1999			ON	March 28, 1998 AT Orlando FLORIDA		
	19a. SIGNATURE OF PERSON ISSUING LICENSE				22a. SIGNATURE OF PERSON PERFORMING CEREMONY	<i>Neal Pharis</i>		
	19c. TITLE				22b. NAME OF PERSON PERFORMING CEREMONY (TYPE OR PRINT)	Neal Pharis		
RECORDED	25. DATE RETURNED	APR 01 1998		23. SIGNATURE OF WITNESS TO CEREMONY	<i>Joseph Varnadore</i>			
	27. CLERK OF COURT	MARYANNE MORSE		24. SIGNATURE OF WITNESS TO CEREMONY	<i>Joseph Varnadore</i>			

INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.					
GROOM	29. RACE	29. NUMBER OF THIS MARRIAGE	IF PREVIOUSLY MARRIED SPECIFY 30 - 31	30. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT)	31. DATE LAST MARRIAGE ENDED
	CAUCASION	2		DIVORCE FLORIDA	MARCH 17, 1992
BRIDE	32. RACE	33. NUMBER OF THIS MARRIAGE	IF PREVIOUSLY MARRIED SPECIFY 34 - 35	34. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT)	35. DATE LAST MARRIAGE ENDED
	CAUCASION	2		DIVORCE FLORIDA	JUNE 20, 1991

HRS Form 743, Feb 91
 (Replaces Jan 89 edition which may be used)

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

AUDIT CONTROL NO. 138308

CERTIFIED COPY
 MARYANNE MORSE
 CLERK OF CIRCUIT COURT
 SEMINOLE COUNTY, FLORIDA
 BY *Maryanne Morse*
 DEPUTY CLERK
 APR 17 1998