SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V22420** **(6)**

1. Corporation Name

MEDICAL CONSULTING GROUP, INC.

FILED
95 JUL 28 AM 7:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~1177 LOUISIANA AVENUE~~ ~~SUITE 107~~ ~~WINTER PARK FL 32789~~	~~1177 LOUISIANA AVENUE~~ ~~SUITE 107~~ ~~WINTER PARK FL 32789~~

3. Date Incorporated or Qualified: **03/18/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 4443 HARBOUR LIGHTS CT.	26 4442 HARBOUR LIGHTS CT.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: ORLANDO, FL	28 City & State: ORLANDO, FL
24 Zip: 32817	25 Country: ORANGE
29 Zip: 32817	30 Country: ORANGE

4. FEI Number: **59-3111353** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOPPER, MARGARET K. ~~1177 LOUISIANA AVENUE~~ ~~SUITE 107~~ ~~WINTER PARK FL 32789~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 4443 HARBOUR LIGHTS CT. 83 84 City: ORLANDO **FL** 85 Zip Code: 32817

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: Margaret K. Hopper — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS (DELETE OLD INFORMATION)	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	HOPPER, MARGARET K.	12 NAME	
STREET ADDRESS	~~1177 LOUISIANA AVE, STE. 107~~	13 STREET ADDRESS	4442 HARBOUR LIGHTS CT.
CITY ST ZIP	~~WINTER PARK FL~~	14 CITY ST ZIP	ORLANDO, FL 32817
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Margaret K. Hopper — 7/24/95 — (407) 671-2909
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #
MARGARET K. HOPPER

0004077 CP