FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 2-27-95

CORPORATION ANNUAL REPORT **1995**

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

B 1560C

APPROVED AND FILED

95 FEB 27 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V67626** **(4)**

1. Corporation Name

NATIONAL MEDICAL AND DENTAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 448 MARLTON NJ 08053	P.O. BOX 448 MARLTON NJ 08053

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1992	3a. Date of Last Report: 08/10/1994
4. FEI Number: 23-2703947	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JOHNSON, HENRY PAUL
6736 LONE OAK BLVD.
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: Lieberman, Karen
82 Street Address (P.O. Box Number is Not Acceptable): 10515 N.W. 11th Ct.
83
84 City: Plantation FL 85 Zip Code: 33322

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: Karen Lieberman — 2/20/95
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	PT	11 TITLE	☒ Change ☐ Addition	
NAME	NORGENROTH, HERBERT	12 NAME	Morgenroth, Herbert	
STREET ADDRESS	P.O. BOX 488 N/A	13 STREET ADDRESS	PO Box 448	
CITY-ST-ZIP	MARLTON NJ	14 CITY-ST-ZIP	Marlton, NJ 08053	
TITLE	VP	21 TITLE	☒ Change ☐ Addition	
NAME	LIEBERMAN, KAREN	22 NAME	Lieberman, Karen	
STREET ADDRESS	P.O. BOX 488 N/A	23 STREET ADDRESS	10515 N.W. 11th Ct.	
CITY-ST-ZIP	MARLTON NJ	24 CITY-ST-ZIP	Plantation, FL 33322	
TITLE	S	31 TITLE	☒ Change ☐ Addition	
NAME	GROSS, DEBRA	32 NAME	Gross, Debra	
STREET ADDRESS	P.O. BOX 488 N/A	33 STREET ADDRESS	PO Box 448	
CITY-ST-ZIP	MARLTON NE	34 CITY-ST-ZIP	Marlton, NJ 08053	
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		

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)(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.

SIGNATURE: Herbert L. Morgenroth — 1-15-95 — 609-596-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
RE: Herbert L. Morgenroth

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