

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V67626

1. Entity Name

NATIONAL MEDICAL AND DENTAL CONSULTANTS, INC.

Principal Place of Business

36 W. RT. 70. P.O. BOX 448
STE 214
MARLTON NJ 08053

Mailing Address

36 W. RT. 70. P.O. BOX 448
STE 214
MARLTON NJ 08053

2. Principal Place of Business

2215 Old Marlton Pike

Suite, Apt. #, etc.

3. Mailing Address

PO Box 448

Suite, Apt. #, etc.

City & State

Marlton, NJ

City & State

Marlton, NJ

Zip

08053

Country

Burlington

Zip

08053

Country

Burlington

4. FEI Number

23-2703947

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIEBERMAN, KAREN
10515 N.W. 11TH CT.
PLANTATION FL 33322

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	MORGENROTH, HERBERT	
STREET ADDRESS	36 W. RT. 70, STE 214, P.O. BOX 448	
CITY-ST-ZIP	MARLTON NJ 08053	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LIEBERMAN, KAREN	
STREET ADDRESS	10515 N.W. 11TH CT.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GROSS, DEBRA	
STREET ADDRESS	36 W. RT 70, STE 214, P.O. BOX 448	
CITY-ST-ZIP	MARLTON NJ 08053	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morgenroth, Herbert B.	
STREET ADDRESS	2215 Old Marlton Pike	
CITY-ST-ZIP	Marlton, NJ 08053	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gross, Debra	
STREET ADDRESS	2215 Old Marlton Pike	
CITY-ST-ZIP	Marlton, NJ 08053	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

856-596-8100

Daytime Phone # X 3319



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)