

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90220 021 \*\*\*150.00

**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 <input type="checkbox"/> Not Applicable
-----------------------------	--

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**

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ (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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	

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	<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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01  
 Date

856-596-8100  
 Daytime Phone # X 3319

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE