

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:08

DOCUMENT # JO1007 (O)

1. Corporation Name
INDEPENDENT MEDICAL AND DENTAL CONSULTANTS, INC.

Principal Place of Business Mailing Address
2215 OLD MARLTON PIKE MARLTON MARLTON ME 08053 US **6736 LONE OAK BOULEVARD NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/24/1986** 3a. Date of Last Report: **05/23/1994**
4. FEI Number: **22-2436812** 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21. **2215 Old Marlton Pike** 26. **2215 Old Marlton Pike**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. **PO Box 448** 27. **PO Box 448**
City & State City & State
23. **Marlton, NJ** 28. **Marlton, NJ**
Zip Country Zip Country
24. **08053** 25. **Burlington** 29. **08053** 30. **Burlington**

9. Name and Address of Current Registered Agent
**JOHNSON, HENRY PAUL
6736 LONE OAK BOULEVARD
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** 85. Zip Code: **FL 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. Thereby 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

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	MORGENROTH, HERBERT B.
STREET ADDRESS	2215 OLD MARLTON PIKE
CITY - ST - ZIP	MARLTON NJ
TITLE	TD
NAME	MORGENROTH, HERBERT B.
STREET ADDRESS	2215 OLD MARLTON PIKE
CITY - ST - ZIP	MARLTON NJ
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONAL NAMES TO OFFICERS AND DIRECTORS (If any)

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY - ST - ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY - ST - ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and I shall hold equally liable the corporation, the State of Florida, and the Florida Department of State for the information included on this annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if registered for each, that I am an officer or director of the corporation or the recipient of public information to which this report is required by Chapter 207, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Herbert B. Morgenroth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DR. HERBERT B. MORGENROTH

1-15-95 609-526-8100