

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90113 050 \*\*\*150.00

05-44563

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **JO1007**

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



Principal Place of Business  
**2215 OLD MARLTON PIKE**  
**P O BOX 448**  
**MARLTON NJ 08053**  
**US**

Mailing Address  
**2215 OLD MARLTON PIKE**  
**P O BOX 448**  
**MARLTON NJ 08053**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 36 W. RT. 70, PO BOX 448**  
 Suite, Apt. #, etc.  
**22 SUITE 214**  
 City & State  
**23 MARLTON, NJ**  
 Zip Country  
**24 08053 25 BURLINGTON**

2a. Mailing Address  
**26 36 W. RT. 70, PO BOX 448**  
 Suite, Apt. #, etc.  
**27 SUITE 214**  
 City & State  
**28 MARLTON, NJ**  
 Zip Country  
**29 08053 30 BURLINGTON**

3. Date Incorporated or Qualified  
**02/24/1986**

4. FEI Number  
**22-2436812**

5. Certificate of Status Desired  Applied For  
 Not Applicable  
**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**LIEBERMAN, KAREN**  
**10515 N.W. 11TH CT**  
**PLANTATION FL 33322**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **S GROSS, DEBRA**  
 STREET ADDRESS **2215 OLD MARLTON PIKE**  
 CITY-ST-ZIP **MARLTON NJ**

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

TITLE  DELETE  
 NAME **PVP GROSS, DEBRA**  
 STREET ADDRESS **2215 OLD MARLTON PIKE**  
 CITY-ST-ZIP **MARLTON NJ 08053**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 NAME **S GROSS, DEBRA**  
 1.2 NAME  
 1.3 STREET ADDRESS **36 W. RT 70, STE 214, PO BOX 448**  
 1.4 CITY-ST-ZIP **MARLTON, NJ 08053**

2.1 TITLE  Change  Addition  
 NAME **TD MORGENROTH, HERBERT B.**  
 2.2 NAME  
 2.3 STREET ADDRESS **36 W. RT 70, STE 214, PO BOX 448**  
 2.4 CITY-ST-ZIP **MARLTON, NJ 08053**

3.1 TITLE  Change  Addition  
 NAME **PVP GROSS, DEBRA**  
 3.2 NAME  
 3.3 STREET ADDRESS **36 W. RT 70, STE 214, PO BOX 448**  
 3.4 CITY-ST-ZIP **MARLTON, NJ 08053**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* 4/28/99 609596-8100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)