

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-02-2001 90220 022 ***150.00

DOCUMENT # J01007

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

Principal Place of Business 36 W. RT. 70. PO BOX 448 SUITE 214 MARLTON NJ 08053 US	Mailing Address 36 W. RT. 70. PO BOX 448 SUITE 214 MARLTON NJ 08053 US
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2. Principal Place of Business 2215 Old Marlton Pike Suite, Apt. #, etc.	3. Mailing Address PO Box 448 Suite, Apt. #, etc.
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City & State Marlton, NJ	City & State Marlton, NJ
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Zip 08053	Country Burlington	Zip 08053	Country Burlington
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4. FEI Number 22-2436812	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	S	<input type="checkbox"/> Delete
NAME	GROSS, DEBRA	
STREET ADDRESS	36 W. RT 70, STE. 214, PO BOX 448	
CITY-ST-ZIP	MARLTON NJ 08053	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORGENROTH, HERBERT B.	
STREET ADDRESS	36 W. RT 70, STE. 214, PO BOX 448	
CITY-ST-ZIP	MARLTON NJ 08053	
TITLE	PVP	<input type="checkbox"/> Delete
NAME	GROSS, DEBRA	
STREET ADDRESS	36 W. RT 70, STE. 214, PO 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	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	TD	<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	PVP	<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		

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 to my 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 # X3319

CRE034 (10/00)