

FILE NOW: FILING FEE AFTER MAY 1ST IS ~~\$550.00~~ - \$750.00

PROFIT CORPORATION ANNUAL REPORT 1999 REINSTATEMENT

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



FILED

99 OCT 12 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000029374

1. Corporation Name
ADVANCED HEALTH CARE CONSULTANTS/LAKE CHARLES, INC.

Principal Place of Business Mailing Address
11940 US HIGHWAY 1
SUITE 201
NORTH PALM BEACH, FLORIDA 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
3/31/98

2. Principal Place of Business 2a. Mailing Address
21 3271 S.W. RIVERS END WAY 26 3271 S.W. RIVERS END WAY

4. FEI Number Applied For
58-2381423 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State
23 PALM CITY, FLORIDA 28 PALM CITY, FLORIDA

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

24 Zip 25 Country 29 Zip 30 Country
34990 USA 34990 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILIP M. SPRINKLE II
777 SOUTH FLAGLER DRIVE
SUITE 900
WEST PALM BEACH, FLORIDA 33401

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD DELETE
NAME SERRA, JOSE MD
STREET ADDRESS 3271 S.W. RIVERS END WAY
CITY-ST-ZIP PALM CITY, FL 34990

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD DELETE
NAME FINNEL, DEBBIE
STREET ADDRESS 3271 S.W. RIVERS END WAY
CITY-ST-ZIP PALM CITY, FL 34990

2.1 TITLE Change Addition
2.2 NAME 100003015191---3
2.3 STREET ADDRESS -10/14/99--01090--012
2.4 CITY-ST-ZIP ***750.00 ***750.00

TITLE CEOD DELETE
NAME NIERENBERG, LARRY
STREET ADDRESS 3271 S.W. RIVERS END WAY
CITY-ST-ZIP PALM CITY, FL 34990

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD DELETE
NAME SCHWENKE, KIM
STREET ADDRESS 3271 S.W. RIVERS END WAY
CITY-ST-ZIP PALM CITY, FL 34990

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

TITLE VD DELETE
NAME MUELLER, LARRY
STREET ADDRESS 3271 S.W. RIVERS END WAY
CITY-ST-ZIP PALM CITY, FL 34990

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

TITLE STD DELETE
NAME MANDELL, ROBERT
STREET ADDRESS 3271 S.W. RIVERS END WAY
CITY-ST-ZIP PALM CITY, FL 34990

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 an other duly empowered.

SIGNATURE: *Larry Mueller* Date: *Oct 8-1999* Daytime Phone: *561-220-5621*

CR2E034 (11/98)