2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State
03-07-2003 90120 009 ****70.00

DOCUMENT # 748142

1. Entity Name
HEALTH RESOURCE ALLIANCE OF PASCO, INC.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
37946 CHURCH AVE. DADE CITY FL 33525 US	PO BOX 2305 DADE CITY FL 33526-2305 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1964612 ☐ Applied For ☒ 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
MELANCON, RONALD A. 37946 CHURCH AVE. DADE CITY FL 33525	Name Street Address (P.O. Box Number is Not Acceptable) City **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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MELANCON, RONALD 37946 CHURCH AVE. DADE CITY FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MORRIS, DIANE 7530 LITTLE ROAD NEW PORT RICHEY FL 34654	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Diana Sanchez 37837 Hart Circle Zephyrhills, FL 33539 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD JONES, SANDRA 13981 PARADISE LANE DADE CITY FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CH Wilton Simpson P.O. Box 721 Trilby, FL 33593 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SANCHEZ, DIANA 8845 FORT KING ROAD ZEPHYRHILLS FL 33541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Isa Blanford 13911 19th St. Dade City, FL 33525 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD SCHUKNECHT, KIM 12021 MELANIE DR. DADE CITY FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD Sandra JOnes 13981 Paradise Lane Dade City, FL 33525 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED