

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766707

1. Entity Name

EMPLOYERS HEALTH COALITION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90021 002 ****70.00

Principal Place of Business 1111 N WESTSHORE BLVD #608 TAMPA FL 33607-4702 US	Mailing Address 1111 N WESTSHORE BLVD #608 TAMPA FL 33607-4702 US
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DO NOT WRITE IN THIS SPACE

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 59-2305456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROCATO, FRANK M
 1111 N WESTSHORE
 #608
 TAMPA FL 33607

7. Name and Address of New Registered Agent

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CLARKE, PHIL 13609 3RD AVE NE BRADENTON FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TOMASINO, SHERRILL 12301 N 52ND ST TAMPA FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RUSHE, CHUCK 10208 GROVE DR PORT RICHEY FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BROCATO, FRANK M 27035 FOAM FLOWER BLVD. ZEPHRYHILLS FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *Frank M. Brocato, CEO* / CEO 4/20/00 (813) 281-5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C.F. 10-17 (3/99)