2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002
Secretary of State

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Entity Name: HEALTHCARE INTERNAL AUDIT GROUP, INC.

Current Principal Place of Business:

900 FOX VALLEY DRIVE STE. 204
LONGWOOD, FL 32779

New Principal Place of Business:

7043 DONEGAL DRIVE
ONSTED, MI 49265 US

Current Mailing Address:

900 FOX VALLEY DRIVE STE. 204
LONGWOOD, FL 32779

New Mailing Address:

P.O. BOX 449
ONSTED, MI 492650449 US

FEI Number: 36-3666960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONAHAN, THOMAS A
900 FOX VALLEY DRIVE STE. 204
LONGWOOD, FL 32779

Name and Address of New Registered Agent:

CULLEN, JUDITH
3652 N.W. 52ND
GAINESVILLE, FL 32606 US

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: JUDITH CULLEN 09/12/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MULCAHY, WILLIAM J
Address: 1762 CLIFTON ROAD NE STE 307
City-St-Zip: ATLANTA, GA 30322

Title: D ( ) Delete
Name: RIGGAN, LAURISA
Address: 2401 GILHAM ROAD
City-St-Zip: KANSAS CITY, MO 64108

Title: D ( ) Delete
Name: MONAHAN, THOMAS A
Address: 900 FOX VALLEY DRIVE STE. 204
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BOGUSZ, PATRICIA M
Address: 7043 DONEGAL DRIVE
City-St-Zip: ONSTED, MI 49265 US

Title: D ( ) Change (X) Addition
Name: SPENCE, KENNETH
Address: ONE MEDICAL CENTER DRIVE
City-St-Zip: LEBANON, NH 03756 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH SPENCE D 09/12/2002
Electronic Signature of Signing Officer or Director Date