

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90062 050 \*\*\*\*61.25

**944401**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N97000004350**

1. Entity Name  
**HEP-C ALERT, INC.**

Principal Place of Business      Mailing Address  
**2630 HOLLYWOOD BLVD**      **2630 HOLLYWOOD BLVD**  
**STE 100**      **STE 100**  
**HOLLYWOOD FL 33021**      **HOLLYWOOD FL 33020-4828**  
**US**      **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      Applied For  
**65-0770856**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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

**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

TITLE	DPTS	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, ANDREA LEE	
STREET ADDRESS	1541 SW 55 AVE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROSEN, HONEY H MBA	
STREET ADDRESS	671 NE 195TH ST #108	
CITY-ST-ZIP	N. MIAMI BCH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINN, NORMAN	
STREET ADDRESS	12290 NW 20T CT	
CITY-ST-ZIP	PLANTATION FL 33323	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GOULD, JOHN	
STREET ADDRESS	6380 MOSELEY STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	PSM	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, ANDRA L	
STREET ADDRESS	1541 SW 55TH AVE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMURRAY, CONNIE R.N.	
STREET ADDRESS	4840 SW 92ND AVE	
CITY-ST-ZIP	MIAMI FL 33165	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRA LEE Thomas	
STREET ADDRESS	1541 SW 55 AVE	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Mahoney	
STREET ADDRESS	3800 N FEDERAL Hwy	
CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Richardo	
STREET ADDRESS	3431 NW 21 STREET	
CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen Mathers	
STREET ADDRESS	1516 E LAS OLAS Blvd.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
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		

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]*      Date: **4/18/00**      Daytime Phone #: **954-920-5277**

CR2E037 (9/99)