

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90080 006 ****61.25

DOCUMENT # N97000004350

1. Entity Name

HEP-C ALERT, INC.

Principal Place of Business

2630 HOLLYWOOD BLVD
 STE 100
 HOLLYWOOD FL 33021
 US

Mailing Address

2630 HOLLYWOOD BLVD
 STE 100
 HOLLYWOOD FL 33021
 US

2. Principal Place of Business

3. Mailing Address

3801 N. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

POMPANO BCH, FL

4. FEI Number

65-0770856

Applied For

Not Applicable

Zip

Country

Zip

Country

33064

US

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

Name **ROBERT F. MAHONEY, CPA**

Street Address (P.O. Box Number is Not Acceptable)

3801 N. FEDERAL HWY

City

POMPANO BCH, FL

FL

Zip Code

33064

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DPTS	<input 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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT F MAHONEY	
STREET ADDRESS	3801 N. FEDERAL HWY	
CITY-ST-ZIP	POMPANO BCH, FL 33064	
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		
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT F. MAHONEY 1/22/01 954-784-7776

Date

Daytime Phone #

CR2E037 (10/00)