

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # P40649 (6)
1. Corporation Name
HEALTHCARE CONSULTANTS OF AMERICA, INC.



Principal Place of Business
609 15TH STREET
AUGUSTA GA 30901

Mailing Address
609 15TH STREET
AUGUSTA GA 30901-2601

3. Date Incorporated or Qualified 09/25/1992
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 58-1826731	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	SD
NAME	LYLE, JAMES	1.2 NAME	Graham, Nancy (Ms. Graham is not a Director at this time)
STREET ADDRESS	609 15TH STREET	1.3 STREET ADDRESS	609 15th St.
CITY-ST-ZIP	AUGUSTA GA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	Chairman
NAME	TORRAS, HOYT	2.2 NAME	Charles D. Hollis, Jr., M.D.
STREET ADDRESS	609 15TH STREET	2.3 STREET ADDRESS	3525 Piedmont Rd. Bldg. 8, Ste. 600
CITY-ST-ZIP	AUGUSTA GA	2.4 CITY-ST-ZIP	Atlanta, GA 30305-1533
TITLE	SD	3.1 TITLE	Director
NAME	GRAHAM, NANCY	3.2 NAME	Jack F. Menendez, M.D.
STREET ADDRESS	609 15TH STREET	3.3 STREET ADDRESS	700 Spring Street
CITY-ST-ZIP	AUGUSTA GA	3.4 CITY-ST-ZIP	Macon, GA 31201
TITLE		4.1 TITLE	Director
NAME		4.2 NAME	Roy W. Vandiver, M.D.
STREET ADDRESS		4.3 STREET ADDRESS	2675 N. Decatur Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Decatur, GA 30033
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	Thomas M. Gose
STREET ADDRESS		5.3 STREET ADDRESS	3525 Piedmont Rd., Bldg. 8, Ste. 600
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Atlanta, GA 30305-1533
TITLE		6.1 TITLE	Director
NAME		6.2 NAME	Darrell O. Grimes
STREET ADDRESS		6.3 STREET ADDRESS	3525 Piedmont Rd., Bldg. 8, Ste. 600
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Atlanta, GA 30305-1533

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Thomas M. Gose 3/18/97 (404) 842-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)