

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

FILED

Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1054 Claussen Road Suite, Apt. #, etc. 22 Suite 307 City & State 23 Augusta, Georgia Zip 24 30907 Country 25 US		2a. Mailing Address 26 1054 Claussen Road Suite, Apt. #, etc. 27 Suite 307 City & State 28 Augusta, Georgia Zip 29 30907 Country 30 US		3. Date Incorporated or Qualified 09/25/1992	4. FEI Number 58-1826731 Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

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 FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LYLE, JAMES	1.2 NAME	
STREET ADDRESS	609 15TH STREET	1.3 STREET ADDRESS	1054 Claussen Road, Suite 307
CITY-ST-ZIP	AUGUSTA GA	1.4 CITY-ST-ZIP	Augusta, GA 30907
TITLE	VD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	TORRAS, HOYT	2.2 NAME	
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
TITLE	S ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	GRAHAM, NANCY	3.2 NAME	
STREET ADDRESS	609 15TH STREET	3.3 STREET ADDRESS	1054 Claussen Road, Suite 307
CITY-ST-ZIP	AUGUSTA GA	3.4 CITY-ST-ZIP	Atlanta, GA 30305
TITLE	C ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOLLIS, CHARLES D JR M	4.2 NAME	
STREET ADDRESS	3525 PIEDMONT RD BLDG 8 SUITE 600	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MENENDEZ, JACK F MD	5.2 NAME	
STREET ADDRESS	700 SPRING ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MACON GA	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	VANDIVER, ROY W MD	6.2 NAME	
STREET ADDRESS	2875 N DECATUR DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	DECATUR GA	6.4 CITY-ST-ZIP	

14. 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 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. Jones* 3/24/98 (404) 842-5600

CR2E034 (10/97)