

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90113 030 ***150.00

DOCUMENT # P93000077327

1. Entity Name
HEALTH MANAGEMENT RESOURCES, INC.

925271



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3602-A S MANHATTAN AVE 3602-A S MANHATTAN AVE
TAMPA FL 33629 TAMPA FL 33629

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
59-3216760 Not Applicable

Zip Country Zip Country 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
GOODWIN, JAMES W Name
111 E MADISON ST Street Address (P.O. Box Number is Not Acceptable)
SUITE 2300 City FL Zip Code
TAMPA FL 33602

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** 10. Election Campaign Financing \$5.00 May Be Added to Fees
(See criteria on back) **After MAY 1, 2001 Fee will be \$550.00** Trust Fund Contribution. **Make Check Payable to Department of State**

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---------------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STAUFFER, JOHN Q. | | NAME | | |
| STREET ADDRESS | 2919 SWANN AVENUE, S-205 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 2/22/01 813-820-3971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)