

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90343 039 ***193.75

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DOCUMENT # S41724

1. Entity Name
HHCP, INC.



Principal Place of Business
**222 W MAITLAND BLVD
MAITLAND FL 32751-4323**

Mailing Address
**222 W MAITLAND BLVD
MAITLAND FL 32751-4323**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3058704**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required (5)**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEACOCK, THOMAS E.
222 W MAITLAND BLVD
MAITLAND FL 32751-4323**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Delete
NAME	HELMAN, ALAN C.	
STREET ADDRESS	222 W MAITLAND BLVD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HURLEY, THOMAS A.	
STREET ADDRESS	222 W MAITLAND BLVD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CHARVAT, WILLIAM C.	
STREET ADDRESS	222 W MAITLAND BLVD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	ZIEBARTH, LAWRENCE W.	
STREET ADDRESS	222 W MAITLAND BLVD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEACOCK, THOMAS E.	
STREET ADDRESS	222 W MAITLAND BLVD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BRAUN, CHARLES S	
STREET ADDRESS	222 W MAITLAND BLVD	
CITY-ST-ZIP	MAITLAND FL	

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maureen A. Walker	
STREET ADDRESS	222 W. Maitland Boulevard	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Chatham	
STREET ADDRESS	222 W. Maitland Boulevard	
CITY-ST-ZIP	Maitland, FL 32751	
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 607, 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: *Thomas E. Peacock*
THOMAS E. PEACOCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03

407-644-2656

Date

Daytime Phone #

CR2E034 (10/02)