

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 395736

1. Entity Name

H.M.S. PROPERTIES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90406 033 ***150.00

Principal Place of Business

Mailing Address

510 VONDERBURG DR
STE 3000
BRANDON FL 33511

510 VONDERBURG DR
STE 3000
BRANDON FL 33511-5970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1421693

Applied For

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

COMPREHENSIVE HEALTH PLANNERS INC
510 VONDERBURG DR
BRANDON FL 33511

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	WARMFLASH, DAVID	
STREET ADDRESS	115 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10006	
TITLE	D	<input type="checkbox"/> Delete
NAME	COTTINGHAM, DUDLEY	
STREET ADDRESS	RICHMOND ROAD	
CITY-ST-ZIP	HAMILTON, BERMUDA	
TITLE	TDVS	<input type="checkbox"/> Delete
NAME	CLARKE, BOYD	
STREET ADDRESS	11 CENTURION COURT	
CITY-ST-ZIP	WILLOWDALE, ONT	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LESLIE, PETER E CHRM	
STREET ADDRESS	510 VONDERBURG DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	D'ELIA, ANNE	
STREET ADDRESS	115 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WHISENANT, CLAUDETTE	
STREET ADDRESS	510 VONDERBURG DR.	
CITY-ST-ZIP	BRANDON FL 33511	

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
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID WARMFLASH

Date

Daytime Phone #

4/20/00 212-577-2800

CR2E034 (9/99)