

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000006179**1. Entity Name
HEALTH FACILITIES MANAGEMENT AND EDUCATIONAL SERVICES, INC.Principal Place of Business
739 KENILWORTH CIRCLE UNIT 103
HEATHROW FL LAKE MARY FL
32746 327951466Mailing Address
PO BOX 9514662. Principal Place of Business
6538 NAVAJO TRAIL3. Mailing Address
6538 NAVAJO TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKELAND FLCity & State
LAKELAND FL4. FEI Number
22-2492071Applied For
Not ApplicableZip Country
33813Zip Country
338135. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****SIEGEL SHIRLEY M**
739 KENILWORTH CIRCLE UNIT 103**HEATHROW** FL
32746 US**7. Name and Address of New Registered Agent**Name
SIEGEL SHIRLEY M
Street Address (P.O. Box Number is Not Acceptable)
6538 NAVAJO TRAILCity
LAKELAND FL Zip Code
33813

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 **SHIRLEY M. SIEGEL, PRESIDENT****04/12/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> Delete
NAME	SIEGEL SAUL	
STREET ADDRESS	739 KENILWORTH CIRCLE UNIT 103	
CITY-ST-ZIP	HEATHROW FL	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	SIEGEL SHIRLEY M	
STREET ADDRESS	739 KENILWORTH CIRCLE UNIT 103	
CITY-ST-ZIP	HEATHROW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIEGEL SAUL		
STREET ADDRESS	6538 NAVAJO TRAIL		
CITY-ST-ZIP	LAKELAND FL 33813		
TITLE	PCD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIEGEL SHIRLEY M		
STREET ADDRESS	6538 NAVAJO TRAIL		
CITY-ST-ZIP	LAKELAND FL 33813		
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			

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: SHIRLEY M. SIEGEL**PRES 04/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)