2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State
06-06-2002 90083 013 ***150.00

DOCUMENT # F01000004578

1. Entity Name
HEARTGEN CENTERS, INC.

Principal Place of Business	Mailing Address
10304 N. HAYDEN RD. STE 3 SCOTTSDALE AZ 85258	10304 N. HAYDEN RD. STE 3 SCOTTSDALE AZ 85258

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 35-2062953 ☐ Applied For ☐ Not Applicable

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
KILLINGSWORTH, WILLIAM 4910 CREEKSIDE DR., STE B CLEARWATER FL 33760	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 _____ 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. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOODMAN, MELVYN J 10862 COUNTY ROAD 250 DURANGO CO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mc MANNIS, MILAN J. 6901 E. NORTHERN AVE PARADISE VALLEY, AZ. 85253	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EADS, MICHAEL E 10304 N. HAYDEN RD, STE 3 SCOTSDALE AZ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ABRAHAMS, RICHARD 1735 LILY CT. HIGHLAND PARK, IL. 60035	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAY JR, JOHN B BOX 3337 CARMEL IN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRINGEL, JOHN G 12670 CR 250 DURANGO CO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILMAN, MILES E 2601 S. BAYSHORE COCONUT GROVE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOMER, FRED K<br~~2601 S. BAYSHORE~~ 10304 N. HAYDEN RD STE 3<br~~COCONUT GROVE FL~~ SCOTTSDALE, AZ 85258	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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: FRED K SCHOMER, CFO 1-22-02 480-368-9616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #