

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-16-2003 90069 042 ***150.00

DOCUMENT # F02000001622

1. Entity Name
HEALTH LAW CONSULTANTS, INC.



Principal Place of Business
711 S. CARSON ST., STE. 4
CARSON CITY NV 89701

Mailing Address
PO BOX 210
BARTOW FL 33831-0210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BOCA RATON, FL

4. FEI Number 45-0467904

Applied For

Not Applicable

Zip

Country

Zip

Country

33488

PALM BCH

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

SILVERMAN, FW

~~3025 NEW JERSEY RD.~~

~~LAKELAND FL 33803~~

22260 MORNING GLORY TERR
BOCA RATON, FL 33433

Name

FW SILVERMAN

Street Address (P.O. Box Number is Not Acceptable)

PO BOX 880549

City

BOCA RATON, FL

State

33488

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 FW. SILVERMAN

FW SILVERMAN MD

1/13/03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPS
NAME SILVERMAN, FREDERICK W
STREET ADDRESS PO BOX 210 PO BOX 880549
CITY-ST-ZIP BARTOW FL 33831 BOCA RATON FL 33488

☐ Delete ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/03

Daytime Phone #

CR2E034 (10/02)