Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300002099

1. Corporation Name

Principal Place of Business

HEALTH CONCEPTS AND SERVICES, INC.

101 E. STATE ST KENNETT SQUARE PA 19348		101 E. STATE ST KENNETT SQUARE PA 19348			DO NOT W	RITE IN THI	S SPACE	
					3. Date Incorporated or Qualife 05/05/1993	ed		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	•		Applied For
21		26		52-1415174			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	KQ.	+-	Additional	
22		27					Fee	Required
City & State		City & State	City & State		6. Election Campaign Financin	g , _		0 Мау Ве
23		28			Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Counti	У	8. This corporation owes the c	urrent year li		Z1.1.
24	25		30		Personal Property Tax.		□Yes	<u>5</u> 700
	9. Name and Address of Current	Registered Agent		41	10. Name and Address of Nev	v Registered	Agent	
CT	CODDODATION SYSTEM		8	1 Name				
C T CORPORATION SYSTEM			82 Street Add		Address (P.O. Box Number is Not Acce	ptable)		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 334 334 3344			8	3				
100			Ľ	٠				
	Court of August 22 Court of North Specify		8	"		F	L	p Code
11. Pursuant	to the provinces of Costions 607 0507	and 607.1508, Florida Statute	s, the abo	ve-named	d corporation submits this statement for to coration's board of directors. I hereby ac	he purpose o	of changing	its registered
office or re agent. I ai	egistered agent, or both, in the State on m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	ida Statute	y the conp is.	poration's obtain of directors. Thereby ac-	cept and app	omancin do	Togicto: CG
SIGNATURE	ı ·				required when reinstating)	DATE		
Signature, typed or printed name of registered agent and to				ent signature	required when remistating)	DATE		
						DEFICERS A	ND DIREC	TORS IN 12
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO		ND DIREC	
12. TITLE	OFFICERS AND		13.		ADDITIONS/CHANGES TO			
12. TITLE NAME	P HOWARD, RICHARD R	DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO	^		
12. TITLE NAME STREET ADDRESS	P HOWARD, RICHARD R 101 E. STATE ST	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE	ET ADDRESS	ADDITIONS/CHANGES TO	^		
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6.3 STREET ADDRESS

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS 101 E. STATE ST

CITY-ST-ZIR KENNETT SQUARE PA 19348

SLOWWYGE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90037 033 ***158.75