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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004475 (8)

1. Corporation Name
HEALTHCARE RESEARCH ASSOCIATES, INC.



Principal Place of Business

~~6574 N. STATE ROAD #7, SUITE 204~~
~~COCONUT CREEK FL 33073~~

Mailing Address

~~6574 N. STATE ROAD #7, SUITE 204~~
~~COCONUT CREEK FL 33073-3625~~

3. Date Incorporated or Qualified
09/14/1995

3a. Date of Last Report
07/09/1996

2. Principal Place of Business

21 6801 E. CYPRESSHEAD DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 6801 E. CYPRESSHEAD DR.
Suite, Apt. #, etc.

4. FEI Number
65-0606034

Applied For
Not Applicable

22 City & State

23 PARKLAND, FL
Zip 33067 Country USA

27 City & State

28 PARKLAND, FL
Zip 33067 Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPEAR, GARRY R
% 9660 W. SAMPLE RD., 3RD FL.
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME TYSON, RICHARD
STREET ADDRESS ~~6574 N. STATE RD. #7, SUITE 204~~
CITY-ST-ZIP ~~COCONUT CREEK FL~~

TITLE S ☐ DELETE
NAME SPEAR, GARRY R
STREET ADDRESS 7280 W PAMETTO PARK RD #204 N
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☒ Change ☐ Addition
12 NAME TYSON, RICHARD
13 STREET ADDRESS 6801 E CYPRESSHEAD DRIVE
14 CITY-ST-ZIP PARKLAND, FL 33067

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Richard Tyson RICHARD TYSON, PRES.

3-5-97

954 753-9588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)