

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000004753**

1. Corporation Name

HEALTH SCIENCES ASSURANCE CONSULTING, INC.

Principal Place of Business

1570 WOODCREST COURT
AURORA IL 60504

Mailing Address

1570 WOODCREST COURT
AURORA IL 60504

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

28

Zip

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**STUART, MICHAEL W
579 PINE RANCH EAST ROAD
OSPREY FL 34229**

81 Name **Stuart, Michael W.**

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

83

84 City **Osprey** **85** Zip Code **FL 34229**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE

Michael W. Stuart

10. SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Aug 23, 1999 8:00 am
Secretary of State

08-23-1999 90009 007 ***550.00

0119892



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1998

4. FEI Number **36-4148151** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property. Yes No

10. Name and Address of New Registered Agent

81 Name **Stuart, Michael W.**

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

83

84 City **Osprey** **85** Zip Code **FL 34229**

CR2E034 (5/99)

8/20/99 944-918-1880

Date

Daytime Phone #