

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 05 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 # L01814 (7)**  
 1. Corporation Name  
**HEALTH RISK AND REGULATORY CONSULTANTS, INC.**



Principal Place of Business  
**175 FLORES STREET  
 MELBOURNE BEACH FL 32951**

Mailing Address  
**175 FLORES STREET  
 MELBOURNE BEACH FL 32951-0814**

3. Date Incorporated or Qualified **07/11/1989** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business  
 21 **100 S Riverside Pl**

2a. Mailing Address  
 26 **P.O. Box 510694**

4. FEI Number **59-2056263** Applied For  Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State **Indialantic FL**

28 City & State **Melbourne Beach, FL**

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

24 Zip **32903** 25 Country **Brevard**

29 Zip **32951** 30 Country **Brevard**

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

9. Name and Address of Current Registered Agent

**PARKER, SHAWN-WNK Shawn K  
 175 FLORES STREET  
 MELBOURNE BEACH FL 32951**

10. Name and Address of New Registered Agent

81 Name **Shawn K. Parker**  
 82 Street Address (P.O. Box Numbers Not Acceptable) **100 S. Riverside Place**  
 83  
 84 City **Indialantic FL** 85 Zip Code **32903**

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

(By state representative or authorized registered agent and filer, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PARKER, SHAWN K.</b>
STREET ADDRESS	<b>175 FLORES ST.</b>
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>
TITLE	<b>DVP</b> <input checked="" type="checkbox"/> DELETE
NAME	<del><b>PARKEY, HARVEY</b></del>
STREET ADDRESS	<del><b>2830 LAUREL WAY</b></del>
CITY-ST-ZIP	<del><b>MOUNT DORA FL</b></del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02-26-97** Daytime Phone # **(407) 952-2020**

CR2E034 (9/96)