

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-23-1999 90200 030 ***150.00

DOCUMENT # L45007

1. Corporation Name

HEALTHCARE BUSINESS SOLUTIONS, INC.

Principal Place of Business

4506 L.B. MCLEOD RD., SUITE F
P.O. BOX 53-6576
ORLANDO FL 32853-3576

Mailing Address

4506 L.B. MCLEOD RD., SUITE F
P.O. BOX 53-6576
ORLANDO FL 32853-3576

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1990

4. FEI Number

59-2986879

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 4506 L.B. Mcleod Rd.

2a. Mailing Address

26 P.O. Box 536576

Suite, Apt. #, etc.

22 Suite F

Suite, Apt. #, etc.

27

City & State

23 Orlando, FL

City & State

28 Orlando, FL

Zip

24 32811

Country

25 USA

Zip

29 32853-6576

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 DP ☐ DELETE

NAME GRIGGS, STEPHEN P
STREET ADDRESS 4506 LB MCLEOD RD STE F
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ DELETE

NAME ZIOMEK, JANET L
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F
CITY-ST-ZIP ORLANDO FL 32811

TITLE S ☐ DELETE

NAME NOVELL, N. SCOTT
STREET ADDRESS 4506 L.B. MCLEOD RD., SUITE F
CITY-ST-ZIP ORLANDO FL 32811

TITLE D ☐ DELETE

NAME LEVIN, MARC
STREET ADDRESS 10065 RED RUN BLVD.
CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE D ☐ DELETE

NAME ELKINS, MARSHALL
STREET ADDRESS 10065 RED RUN BLVD.
CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99 407-841-2115

CR2E034 (1/1/98)