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

DOCUMENT # L87625

1. Corporation Name

HEALTH RESEARCH & PLANNING CONSULTANTS, INC. Principal Place of Business Mailing Address CEDAR WOODS OFFICE CENTER CEDAR WOODS OFFICE CENTER 1276 N. PAUL RUSSELL RD. 1289 CEDAR CENTER PRIVE TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 LENTER DRIVE

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90028 018 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

				07/18/1990		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
E COA	WOODS OF FRECENTER	26 CEDAR WOODS O	efice Cent	EP 59-3029498	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				- O	\$8.75 Additional	
22 1289 CEDAR CENTER DRIVE 27 /289 CEDAR CENTER DRIVE			5. Certificate of Status Desired	Fee Required		
City & State City & State			6 Election Campaign Financing —	\$5.00 May Be		
23 TALLAHASSEE, FL. 28 TALLAHASSEE, FL.			Trust Fund Contribution Added to Fees			
Country Zip Country				8. This corporation owes the current year Intangible		
24	32301 ₂₅ 1/54	29 3 2 3 0 / 30	5 USA	Personal Property Tax.	ŽLYes □No _	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
MULDER, LYNNE M. 82 Street Address, C. Box Number is viol Acceptable)						
1276 N. PAUL RUSSELL ROAD 10'64 CED MIZCE MICE						
TALL	AHASSEE FL 32301					
					T C - C	
			84 City.	FL は	85 Zin 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 nereby 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 a	nd title if applicable (NOTE: Re	gistered Agent signature re	noured when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	p	DELETE	1,1 TITLE	P	hange Addition	
NAME	MULDER, LYNNE M. M	_	12 NAME		•	
j	1276 N. PAUL RUSSELL ROAD		1,3 STREET ADDRESS	MULBER, LYNNE M. 1289 CEDAR CENTERDRIVE		
STREET ADDRESS				TALLALIANCE F. 87341		
CITY-ST-ZIP	TALLAHASSEE FL	☐ DELETE	1.4 CITY-ST-ZIP	TALLAHASSEC FL. 32301	Change Addition	
TITLE	S STARRAM		2.1 TITLE	,		
NAME	MULDER, GERARD W.		2 2 NAME			
STREET ADDRESS	2040 FARMS ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	3.1 TITLE	'		
NAME			3.2 NAME		·	
STREET ADDRESS		÷	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
nne		☐ DELETE	4.1 TITLE	•	Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	1	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZiP			5,4 CITY+ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME	•	•	
STREET ADDRESS			6.3 STREET ADDRESS			
			6.4 CTTY-ST-ZIP			
CITY-ST-ZIP	entify that the information cumpling with	this filing does not qualify for th		in Section 119.07(3)(i), Florida Statutes, I further certifi	v that the information	

Indicated on this annual report or supplied with any does not quality for the exemption stated in Section 1990 (SQI), Florida Statutes, I hader certify that the 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 pacetiver 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

GERARD W MULDER