

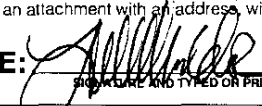


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90015 019 ***150.00

DOCUMENT # L87625 1. Entity Name HEALTH RESEARCH & PLANNING CONSULTANTS, INC.					
Principal Place of Business CEDAR WOODS OFFICE CENTER 2040 FARMS RD STE B TALLAHASSEE, FL 32317 US			Mailing Address CEDAR WOODS OFFICE CENTER 2040 FARMS RD STE B TALLAHASSEE, FL 32317 US		
2. Principal Place of Business 2040 FARMS ROAD Suite, Apt. #, etc. SUITE B City & State TALLAHASSEE, FLORIDA Zip 32317 Country U.S.A.		3. Mailing Address 2040 FARMS ROAD Suite, Apt. #, etc. SUITE B City & State TALLAHASSEE, FLORIDA Zip 32317 Country U.S.A.			
4. FEI Number 59-3029498				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULDER, LYNNE M. 2040 FARMS RD STE B TALLAHASSEE, FL 32317			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULDER, LYNNE M. M 2040 FARMS RD STE B TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULDER, LYNNE M. 2040 FARMS ROAD, SUITE B TALLAHASSEE, FLORIDA 32317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULDER, GERARD W. 2040 FARMS ROAD TALLAHASSEE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MULDER, GERARD W. 2040 FARMS ROAD, SUITE B TALLAHASSEE, FLORIDA 32317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		LYNNE M. MULDER		1/11/2004	850-878-2855
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	