

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90146 043 ***150.00

DOCUMENT # L87625

1. Entity Name
HEALTH RESEARCH & PLANNING CONSULTANTS, INC.



Principal Place of Business
**CEDAR WOODS OFFICE CENTER
1289 CEDAR CENTER DR.
TALLAHASSEE FL 32301
US**

Mailing Address
**CEDAR WOODS OFFICE CENTER
1289 CEDAR CENTER DR.
TALLAHASSEE FL 32301
US**



2. Principal Place of Business
2040 FARMS ROAD

3. Mailing Address
2040 FARMS ROAD

Suite, Apt. #, etc.
SUITE B

Suite, Apt. #, etc.
SUITE B

City & State
TALLAHASSEE, FLORIDA

City & State
TALLAHASSEE, FLORIDA

Zip Country
32317 U.S.A.

Zip Country
32317 U.S.A.

4. FEI Number **59-3029498**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MULDER, LYNNE M.
1289 CEDAR CENTER DR.
TALLAHASSEE FL 32301**

Name
MULDER, LYNNE M.
Street Address (P.O. Box Number is Not Acceptable)
**2040 FARMS ROAD
SUITE B
TALLAHASSEE FL 32317**

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 **LYNNE M. MULDER, PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/9/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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
1289 CEDAR CENTER DR.
TALLAHASSEE FL 32301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MULDER, LYNNE M.
2040 FARMS ROAD, SUITE B
TALLAHASSEE, FL. 32317** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MULDER, GERARD W.
2040 FARMS ROAD
TALLAHASSEE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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** **1/9/03** **(850) 878-2855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)