

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00816 (1)

1. Corporation Name

HEALTHCARE RESOURCES, INC.



Principal Place of Business

Mailing Address

1700 S. TAMiami TRAIL
SARASOTA FL 34239

1700 S. TAMiami TRAIL
SARASOTA FL 34239-3509

3. Date Incorporated or Qualified
01/09/1984

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2538335

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COVERT, MICHAEL H
1700 S. TAMiami TRAIL
SARASOTA FL 34239

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☒ DELETE
NAME BOWLES, CATHERINE
STREET ADDRESS 240 N WASHINGTON BLVD
CITY-ST-ZIP SARASOTA FL

1.1 TITLE STD ☐ Change ☒ Addition
1.2 NAME STRASSER, ROBERT
1.3 STREET ADDRESS 3810 OAKLEY GREEN
1.4 CITY-ST-ZIP SARASOTA, FL

TITLE PD ☐ DELETE
NAME COVERT, MICHAEL H
STREET ADDRESS 1700 S. TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME BEACHEY, DALE
STREET ADDRESS 1700 S. TAMiami TR.
CITY-ST-ZIP SARASOTA FL

3.1 TITLE VPD ☐ Change ☒ Addition
3.2 NAME PHILLIPS, GERALD
3.3 STREET ADDRESS 1700 SOUTH TAMiami TRAIL
3.4 CITY-ST-ZIP SARASOTA, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

Michael H. Covert 4/14/97

917-2498

CR2E037 (9/96)