## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Sep 07, 2000 8:00 am Secretary of State DOCUMENT # N00816 1. Entity Name HEALTHCARE RESOURCES, INC. 09-07-2000 90004 040 \*\*\*\*61.25 Principal Place of Business Mailing Address 1700 S. TAMIAMI TRIAL P.O. BOX 3258 SARASOTA FL 34239 ATTN: J. HUGH MIDDLEBROOKS B0105110 SARASOTA FL 34230-3258 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2538335 Not Applicable Zip Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MIDDLEBROOKS, J. HUGH ESQ 200 S ORANGE AVE SARASOTA FL 34236 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIT) F TITI F D 🖾 Change ☐ Addition ☐ Delete STRASSER, ROBERT NAME NAME STRASSER, ROBERT 3810 OAKLEY GREEN STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL DVP **⊠** Delete TITLE Change COVERT, MICHAEL H BARCOMB, DONNA NAME NAME 1700 S. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS 1700 S. TAMIAMI TRAIL CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP SARASOTA, FL 34239 Addition ☐ Change Delete FINLAY, G. DUNCAN, M.D. 1700 S. TAMIAMI TRAIL MOSS, MARTIN NAME NAME STREET ADDRESS 1535 HARBOR PLACE STREET ADDRESS SARASOTA, FL 34239 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL DŞ Addition TITLE ☐ Delete TITLE Change COBB, PHYLLIS J. NAME NAME 1700 S. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS SARASOTA, FL CITY-ST-ZIP CITY-ST-ZIP $\overline{\mathrm{DT}}$ ☐ Change X Addition ☐ Delete TITLE TITLE NAME BURNSIDE, NEIL NAME STREET ADDRESS STREET ADDRESS 1700 S. TAMIAMI TRAIL CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34239

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 impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like emplowered. changed, or on an attachment w

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

34239

LYONS, WILLIAM E.

SARASOTA, FL

1700 S. TAMIAMI TRAIL

Change

Addition

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## ATTACHMENT TO 2000 UNIFORM BUSINESS REPORT FOR HEALTHCARE RESOURCES, INC. N00816

## 11. Additions/Changes to Officers and Directors

Addition D HEBERT, ROBERT P. 1700 S. TAMIAMI TRAIL SARASOTA, FL 34239

D ALBERTSON, DON L., FAHP 1700 S. TAMIAMI TRAIL SARASOTA, FL 34239

D KELLY, THOMAS, M.D. 1700 S. TAMIAMI TRAIL SARASOTA, FL 34239