

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90165 028 *****61.25

DOCUMENT # N00816

1. Entity Name

HEALTHCARE RESOURCES, INC.

Principal Place of Business

1700 S. TAMiami TRAIL
SARASOTA FL 34239

Mailing Address

P.O. BOX 3258
ATTN: J. HUGH MIDDLEBROOKS
SARASOTA FL 34230-3258
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2538335

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

MIDDLEBROOKS, J. HUGH ESQ
200 S ORANGE AVE
SARASOTA FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | | | |
|--|---|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD STRASSER, ROBERT 3810 OAKLEY GREEN SARASOTA FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STRASSER, ROBERT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COVERT, MICHAEL H 1700 S. TAMiami TRAIL SARASOTA FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FINLAY, G. DUNCAN MD 1700 S. TAMiami TR. SARASOTA, FL 34239 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOSS, MARTIN 1535 HARBOR PLACE SARASOTA FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT BURNSIDE, NEIL 1700 S. TAMiami TR. SARASOTA, FL 34239 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS COBB, PHYLISS J 1700 S. TAMiami TR. SARASOTA, FL 34239 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV LYONS, WILLIAM E 1700 S. TAMiami TR SARASOTA, FL 34239 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KELLY, THOMAS MD 1700 S. TAMiami TR. SARASOTA, FL 34239 | <input type="checkbox"/> Change <input checked="" 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

 Doc. # N00816
Attachment

ATTACHMENT TO 2001 UBR
FOR
HEALTHCARE RESOURCES, INC.
N00816

748623

BLOCK 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDITION

TITLE: D
NAME: ALBERTSON, DON L.
ADDRESS: 1700 S. TAMiami TR.
SARASOTA, FL 34239

TITLE: D
NAME: HEBERT, ROBERT P.
ADDRESS: 1700 S. TAMiami TR.
SARASOTA, FL 34239

TITLE: D
NAME: BARCOMB, DONNA
ADDRESS: 1700 S. TAMiami TR.
SARASOTA, FL 34239