

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90058 017 \*\*\*\*61.25

**DOCUMENT # N00816**

1. Entity Name

**HEALTHCARE RESOURCES, INC.**

Principal Place of Business

Mailing Address

**% J. HUGH MIDDLEBROOKS  
200 SOUTH ORANGE AVENUE  
SARASOTA FL 34236****% J. HUGH MIDDLEBROOKS  
200 SOUTH ORANGE AVENUE  
SARASOTA FL 34236**

2. Principal Place of Business

**1700 SOUTH TAMiami TRAIL**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**SARASOTA, FL**

City &amp; State

4. FEI Number

**59-2538335**

Applied For

Not Applicable

Zip  
**34239**Country  
**US**

Zip

Country

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

CP2E037 (9/01)