

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31800

1. Entity Name

HHCS RESEARCH INSTITUTE, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90396 038 ***150.00

Principal Place of Business

Mailing Address

633 E. COLONIAL DRIVE
ORLANDO FL 32803

633 E. COLONIAL DRIVE
ORLANDO FL 32803-4602

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

59-2977375

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

PERLMAN, CRAIG S.
940 HIGHLAND AVE
ORLANDO FL 32803

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 **D** ☒ Delete
NAME **KLOTZ, SOL D.**
STREET ADDRESS **303 E. PAR ST**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **D** ☐ Delete
NAME **SWEENEY, MICHAEL J.**
STREET ADDRESS **303 E. PAR ST**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **PDS** ☐ Delete
NAME **ADAMS, N L**
STREET ADDRESS **633 E. COLONIAL DR.**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **D** ☐ Delete
NAME **MURRAY, LOUIS C.**
STREET ADDRESS **633 E COLONIAL DR**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

Attachment
D# N31800
00068316



Quality Care at
Home

HHCS HEALTH GROUP

633 East Colonial Dr. • Orlando, FL 32803
(407) 898-1947 • 1-800-741-4427 • FAX (407) 898-2903
<http://www.hhcs.com>

June 28, 2000

Department of Corporations
State of Florida
Po Box 1500
Tallahassee, FL 32302-1500

Re: HHCS Research Institute; Late Filing

Dear Sirs:

The Uniform Business Report for the above cited corporation was mislaid, and, until today, could not be located to issue payment.

We regret the inconvenience, and render payment in the amount of \$150.00. If you require further response, please call.

Very truly yours,

HHCS HEALTH GROUP
HHCS Research Institute

Meryl Biszick, BA, CPHM
Director, Administrative Services

encl.