

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90153 017 ****61.25

DOCUMENT # N44488

1. Corporation Name

**THE HEALTH AND HUMAN SERVICES PLANNING ASSOCIATI
ON, INC.**

Principal Place of Business

2715 N AUSTRALIAN AVE
STE 101
W PALM BCH FL 33407
US

Mailing Address

2715 N AUSTRALIAN AVE
W PALM BCH FL 33407
US



2. Principal Place of Business

21 **2600 Quantum Blvd**

Suite, Apt. #, etc.

22 City & State
Boynton Beach, FL

23 Zip
33426

Country
Palm Bch.

2a. Mailing Address

26 **2600 Quantum Blvd**

Suite, Apt. #, etc.

27 City & State
Boynton Beach, FL

28 Zip
33426

Country
Palm Bch

3. Date Incorporated or Qualified

07/25/1991

4. FEI Number

65-0291166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**SHEEHAN III, THOMAS A
6T25 N FLAGLER DR
9TH FLOOR
W PALM BCH FL 33402**

10. Name and Address of New Registered Agent

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

TITLE **CD** ☐ DELETE
NAME **SHEEHAN III, THOMAS A**
STREET ADDRESS **625 N FLAGLER DR 9TH FLOOR**
CITY-ST-ZIP **W PALM BCH FL**

TITLE **D** ☒ DELETE
NAME **CHAMIRRON, RALPH**
STREET ADDRESS **4000 PGA BLVD STE 900**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **TD** ☐ DELETE
NAME **BADESCH, SCOTT**
STREET ADDRESS **2600 QUANTUM BLVD**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE **TS** ☐ DELETE
NAME **MONTGOMERY, KEN**
STREET ADDRESS **600 S DIXIE HWY**
CITY-ST-ZIP **W PALM BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/99 (561) 375-6606

0041531

CR2E037 (11/98)