

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90026 032 \*\*\*\*61.25

**DOCUMENT # N44488**

1. Entity Name

**THE HEALTH AND HUMAN SERVICES PLANNING ASSOCIATI**

Principal Place of Business

2600 QUANTUM BLVD  
 BOYNTON BEACH FL 33426  
 US

Mailing Address

2600 QUANTUM BLVD  
 BOYNTON BEACH FL 33426  
 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

65-0291166

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

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

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	CD SHEEHAN III, THOMAS A 625 N FLAGLER DR 9TH FLOOR W PALM BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BADESCH, SCOTT 2600 QUANTUM BLVD BOYNTON BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MONTGOMERY, KEN 600 S DIXIE HWY W PALM BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Montgomery, Ken 2051 Martin Luther King Jr. Blvd. Riviera Beach, FL 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bennett, W. Cecil 324 Datura Street, #401 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McGill Corbett, Jeannette 505 S. Flagler Drive, Suite 1460 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Creamer, Jean 301 N. Olive Avenue, Suite 1101 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'Heron, Cathy 1764 N. Congress Avenue, Suite 201 West Palm Beach, FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST OF ADDITIONAL DIRECTORS	<input 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 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**  
**THOMAS A. SHEEHAN III**

4/13/01

561-659-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Doc # N44488  
Stamp # 642718

ATTACHMENT

THE HEALTH AND HUMAN SERVICES PLANNING ASSOCIATION  
FEI Number: 65-0291166  
2001 UNIFORM BUSINESS REPORT (UBR)  
DOCUMENT # N44488

Additions to Existing Officers/Directors

D  
Ebbole, Tana  
1919 N. Flagler Drive  
West Palm Beach, FL 33407

D  
Grant, Louise  
324 Datura Street, Suite 303  
West Palm Beach, FL 33401

D  
Harris, David  
3801 PGA Boulevard, Suite 604  
Palm Beach Gardens, FL 33410

D  
May, David  
111 South Sapodilla Avenue  
West Palm Beach, FL 33401

D  
Malecki, Dr. Jean  
826 Evernia Street  
West Palm Beach, FL 33401

D  
Serrano, Elivio  
324 Datura Street, Suite 340  
West Palm Beach, FL 33401