


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90004 048 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000004350</b>					
1. Corporation Name <b>HEP-C ALERT, INC.</b>					
Principal Place of Business 965 N. NOB HILL ROAD 150 PLANTATION FL 33324 US			Mailing Address 965 N. NOB HILL ROAD 150 PLANTATION FL 33324 US		



2. Principal Place of Business 21 <b>2630 HOLLYWOOD BLVD.</b> Suite, Apt. #, etc. 22 <b>SUITE 100</b> City & State 23 <b>HOLLYWOOD, FL</b> Zip 24 <b>33021</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>2630 HOLLYWOOD BLVD.</b> Suite, Apt. #, etc. 27 <b>SUITE 100</b> City & State 28 <b>HOLLYWOOD, FL</b> Zip 29 <b>33021</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>07/31/1997</b>	
		4. FEI Number <b>65-0770856</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OPTS	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, ANDREA LEE	1.2 NAME	NORMAN QUINN
STREET ADDRESS	1541 SW 55 AVE	1.3 STREET ADDRESS	12290 NW 20 COURT
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	PLANTATION, FL 33323
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	READ, JACQUELINE	2.2 NAME	ROBERT MAHONEY, CPA
STREET ADDRESS	12 IRVING STREET 2ND FLOOR	2.3 STREET ADDRESS	3801 N. FEDERAL HWY
CITY-ST-ZIP	PORTLAND ME 04103	2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOGAN, BEVERLY R.N.	3.2 NAME	CONNIE MCMURRAY, R.N.
STREET ADDRESS	1242 SPRUCE STREET SE	3.3 STREET ADDRESS	4840 SW 92 AVENUE
CITY-ST-ZIP	LEEDS AL 35094	3.4 CITY-ST-ZIP	MIAMI, FL 33145
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOULD, JOHN SP.	4.2 NAME	HONEY H. ROSEN, MSA
STREET ADDRESS	6380 MOSELEY STREET	4.3 STREET ADDRESS	671 NE 195 ST #108
CITY-ST-ZIP	HOLLYWOOD FL 33024	4.4 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179
TITLE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	P/S/M ANDRA LEE THOMAS
STREET ADDRESS		5.3 STREET ADDRESS	1541 SW 55 AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PLANTATION, FL 33317
TITLE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	V JON GOULD
STREET ADDRESS		6.3 STREET ADDRESS	6380 MOSELEY ST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024

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

ANDRA LEE THOMAS

Date

3/13/99 954-920-5277

Daytime Phone #

CR2E037 (11/98)