

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024822

1. Entity Name

HEALTHCARE RESOURCE NETWORK, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90337 020 ***150.00

Principal Place of Business

Mailing Address

~~101 TIMBERLACHEN CIR., STE. 101~~
~~LAKE MARY FL 32746~~

~~101 TIMBERLACHEN CIR., STE. 101~~
~~LAKE MARY FL 32746~~

747081

2. Principal Place of Business

528 So. Northlake Blvd
Suite, Apt. #, etc.
1000

3. Mailing Address

528 So. Northlake Blvd
Suite, Apt. #, etc.
#1000



DO NOT WRITE IN THIS SPACE

City & State
ALTAMONTE SPRINGS

City & State
ALTAMONTE SPR

4. FEI Number
59-3631871

Applied For
Not Applicable

Zip Country
32701 SEMINOLE

Zip Country
32701 SEMINOLE

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

KOLTUN, JEFFREY M
557 N. WYMORE RD., STE. 100
MAITLAND FL 32751

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
PTD
DRAZEN, ROBERT
STREET ADDRESS
101 TIMBERLACHEN CIR., STE. 101
CITY-ST-ZIP
LAKE MARY FL 32746

TITLE NAME ☒ Change ☐ Addition
528 So. Northlake Blvd #1000
STREET ADDRESS
ALTAMONTE SPR, FL 32701
CITY-ST-ZIP

TITLE NAME ☐ Delete
VSD
WHIDDEN, STACY L
STREET ADDRESS
101 TIMBERLACHEN CIR., STE. 101
CITY-ST-ZIP
LAKE MARY FL 32746

TITLE NAME ☒ Change ☐ Addition
528 So. Northlake Blvd #1000
STREET ADDRESS
ALTAMONTE SPR, FL 32701
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Drazen ROBERT DRAZEN

4/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)