


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90135 018 \*\*\*150.00

<b>DOCUMENT #</b> P00000046214	
1. Entity Name HEALTHEASE OF FLORIDA, INC.	

Principal Place of Business 6800 N. DALE MABRY HWY. STE. 268 TAMPA FL 33614	Mailing Address 6800 N. DALE MABRY HWY. STE. 268 TAMPA FL 33614
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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 59-3646690	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b>
LEXISNEXIS DOCUMENT SOLUTIONS INC. 3953 W.W. KELLEY ROAD TALLAHASSEE FL 32311

<b>7. Name and Address of New Registered Agent</b>
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, KIRAN C MD 6800 N. DALE MABRY HWY., STE. 268 TAMPA FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, PRADIP C 6800 N. DALE MABRY #268 TAMPA FL 33614 <input checked="" 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	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TODD S. FARHA 6800 N. DALE MABRY HWY. SUITE 268 TAMPA, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVID SMITH 6800 N. DALE MABRY HWY. SUITE 268 TAMPA, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARY CLARKE 6800 N. DALE MABRY HWY. SUITE 268 TAMPA, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THADDEUS BEREDAY 6800 N. DALE MABRY HWY. SUITE 268 TAMPA, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 607, 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:**  **4/21/03 813-290-6353**

CR2E034 (10/02)