

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000063738****1. Entity Name**
HEALTH 1ST CONSULTING, INC.**Principal Place of Business****2947 S.E. 39TH PLACE**
OCALA FL 34480-8442**Mailing Address****2947 S.E. 39TH PLACE**
OCALA FL 34480-8442**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number**65-1018605**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****MUSGRAVE, DAVID E**
2947 S.E. 39TH PLACE
OCALA FL 34480-8442**7. Name and Address of New Registered Agent**

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

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**

TITLE	PTD	☐ Delete
NAME	MUSGRAVE, DAVID E	
STREET ADDRESS	2947 S.E. 39TH PLACE	
CITY-ST-ZIP	OCALA FL 34480-8442	
TITLE	CEO	☐ Delete
NAME	MUSGRAVE, DAVID E	
STREET ADDRESS	2947 S.E. 39TH PLACE	
CITY-ST-ZIP	OCALA FL 34480-8442	
TITLE	VSD	☐ Delete
NAME	MUSGRAVE, DEBORAH L	
STREET ADDRESS	2947 S.E. 39TH PLACE	
CITY-ST-ZIP	OCALA FL 34480-8442	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/01**352-624-0959**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)