

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077152

1. Entity Name
HEALTH PARTNERS CLINICAL CONSULTANTS, INC.

Principal Place of Business
6035 BLAKEFORD DR
ORLANDO FL 34786

Mailing Address
6035 BLAKEFORD DR
ORLANDO FL 34786

2. Principal Place of Business
4877 CASON COVE DR.
Suite, Apt. #, etc.
SUITE B
City & State
ORLANDO FL
Zip
32811
Country
ORANGE

3. Mailing Address
4877 CASON COVE DR.
Suite, Apt. #, etc.
SUITE B
City & State
ORLANDO FL
Zip
32811
Country
ORANGE

4. FEI Number
59-3665092
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD, 1500 MIAMI CENTER
MIAMI FL 33131

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 NAME STREET ADDRESS CITY-ST-ZIP	D JAMES BELL, THOMAS 6035 BLAKEFORD DR ORLANDO FL 34786	<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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

THOMAS J. BELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/01
Date

407-420-2093
Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90366 002 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)