

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000077152

FILED
Apr 17, 2003
Secretary of State

Entity Name: HEALTH PARTNERS CLINICAL CONSULTANTS, INC.

Current Principal Place of Business:

4877 CASON COVE DR
STE B
ORLANDO, FL 32811

New Principal Place of Business:

6035 BLAKEFORD DRIVE
WINDERMERE, FL 34786

Current Mailing Address:

4877 CASON COVE DR
STE B
ORLANDO, FL 32811

New Mailing Address:

6035 BLAKEFORD DRIVE
WINDERMERE, FL 34786

FEI Number: 59-3665092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, ROBERT B
135 W. CENTRAL BLVD., SUITE 1100
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAMES BELL, THOMAS
Address: 6035 BLAKEFORD DR
City-St-Zip: ORLANDO, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. BELL

DIR

04/17/2003

Electronic Signature of Signing Officer or Director

Date