

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90258 017 ***150.00

DOCUMENT # P00000084685

1. Entity Name

HEALTH CARE EDUCATORS, INC.

Principal Place of Business

1515 S. FEDERAL HWY., SUITE 406
 BOCA RATON FL 33432

Mailing Address

1515 S. FEDERAL HWY., SUITE 406
 BOCA RATON FL 33432

2. Principal Place of Business

308 Tequesta Drive

Suite, Apt. #, etc.

#5, Suite

City & State

Tequesta, Florida

Zip

33469

Country

USA

3. Mailing Address

308 Tequesta Drive

Suite, Apt. #, etc.

Suite # 5

City & State

Tequesta, Florida

Zip

33469

Country

USA



DO NOT WRITE IN THIS SPACE

A0068779

4. FEI Number

05-1046990

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ERIC J. MATHESON, P.A.
 205 WORTH AVENUE
 SUITE 310
 PALM BEACH FL 33480

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 **D** ☐ Delete
 NAME **SIEMENS, LISA**
 STREET ADDRESS **7634 SOLIMAR CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☐ Delete
 NAME **STEED, CAROLYN**
 STREET ADDRESS **434 TEQUESTA DRIVE**
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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:

Lisa M. Siemens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

561-338-5275

Daytime Phone #

CR2E034 (10/00)