

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Aug 06, 2001 8:00 am
Secretary of State

05-14-2001 90083 029 ***150.00

DOCUMENT # P00000092713

1. Entity Name

HEALTHCARE EDUCATIONAL INSTITUTE, INC.

Principal Place of Business

Mailing Address

16244 S. MILITARY TR. STE 320
DELRAY BEACH FL 33484

16244 S. MILITARY TR. STE 320
DELRAY BEACH FL 33484

2. Principal Place of Business

16244 S. MILITARY TRAIL

3. Mailing Address

16244 S. MILITARY TRAIL

Suite, Apt. #, etc.

SUITE # 320

Suite, Apt. #, etc.

SUITE # 320

City & State

DELRAY BEACH FLORIDA

City & State

DELRAY BEACH FLORIDA

4. FEI Number

52-2312153

Applied For

Not Applicable

Zip

33484

Country

USA

Zip

33484

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIR, STE 330
BOCA RATON FL 33486

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 **PRESIDENT** ☐ Delete
NAME **PIERRE ANDRE MD.**
STREET ADDRESS **16244 S. MILITARY TRAIL #320**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **VICE PRESIDENT/CAO** ☐ Delete
NAME **FERIAL SHOUP RN**
STREET ADDRESS **16244 S. MILITARY TRAIL #320**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

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

TITLE ☐ Change ☐ Addition
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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:

FERIAL SHOUP/VICE PRESIDENT/CAO
adminshoup

4-20-01
789-5623

Date

Daytime Phone #

CR2E034 (10/00)