

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 90727 023 ***550.00

DOCUMENT # P01000018838

1. Entity Name
HEALTHY CONNECTIONS SPECIALTY NURSING, INC.

Principal Place of Business

7116 GULF BLVD., STE. E
ST. PETERSBURG FL 33706

Mailing Address

7116 GULF BLVD., STE. E
ST. PETERSBURG FL 33706

2. Principal Place of Business

5802 HOFFNER AVE.

Suite, Apt. #, etc.

SUITE 705

CITY & STATE
ORLANDO, FL

Zip
32822

Country
USA

3. Mailing Address

C/O TERRANCE MCNAMARA, ESQ.

Suite, Apt. #, etc.

7116 GULF BLVD., SUITE E

CITY & STATE
ST. PETE BEACH, FL

Zip
33706

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2295104

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCNAMARA, TERRANCE P ESQ
7116 GULF BLVD., STE. E
ST. PETERSBURG FL 33706

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, 2002 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 **MCNAMARA, TERRANCE P ESQ**
STREET ADDRESS **7116 GULF BLVD., STE. E**
CITY-ST-ZIP **ST. PETERSBURG FL 33706**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P, S, T** ☐ **Change** ☒ **Addition**
NAME **CHARLES N. HUNZIKER**
STREET ADDRESS **5802 HOFFNER AVE., SUITE 705**
CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **V** ☐ **Change** ☒ **Addition**
NAME **LYNNE REED**
STREET ADDRESS **5802 HOFFNER AVE., SUITE 705**
CITY-ST-ZIP **ORLANDO, FL 32822**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

14 May 02

CR2E034 (9/01)