2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000020185

1. Entity Name

HEALTHCARE RISK MANAGEMENT & EDUCATION, INC.



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90217 032 ***150.00

| NAME STREET ADDRESS CITY-ST-ZIP WELBOURNE FL 32940 Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE VSTD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change | For licable |
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| 6. Name and Address of Current Registered Agent Cally, PAUL P Street Address (P.O. Bdx Number is Not Acceptable) | ò |
| LALLY, PAUL P 456 PRESTWICK CT. MELBOURNE FL 32940 Street Address (P.O. Box Number is Not Acceptable) 3 0 9 Country WALK ST City WE Boxer, FL Zig Code City We Control We Code City We Boxer, FL Zig Code City We Code City | <u>ò</u> |
| LALLY, PAUL P 456 PRESTWICK CT. MELBOURNE FL 32940 Street Address (P.O. Bdx Number is Not Acceptable) 3 0 9 Country WALK ST City WEL Bourne, The Bourne of Provided name of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title of applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32940 NAME STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32940 NAME Change Change Change TITLE VSTD Delete TITLE VSTD City WALK ST Street Address (P.O. Bdx Number is Not Acceptable) To City Walk ST Title Street Address (P.O. Bdx Number is Not Acceptable) Street Address (P.O. Bdx Number is Not Acceptable) To City Walk ST Title Street Address (P.O. Bdx Number is Not Acceptable) Street Address (P.O. Bdx Number is Not Acceptable) Title Street Address (P.O. Bdx Number is Not Acceptable) Title Street Address (P.O. Bdx Number is Not Acceptable) Street Address (P.O. Bdx Number is Not Acceptable) Title Street Address (P.O. Bdx Number is Not Acceptable) Title Street Address (P.O. Bdx Number is Not Acceptable) Title Street Address (P.O. Bdx Number is Not Acceptable) Title Street Address (P.O. Bdx Number is Not Acceptable) Title Street Address (P.O. Bdx Number is Not Acceptable) Title Street Address (P.O. Bdx Number is Not Acceptable) Title Street Address (P.O. Bdx Number is Not Acceptable) Title Street Address (P.O. Bdx Number is Not Acceptable) Title Street Address (P.O. Bdx Number is Not Acceptable) Title Street Address (P.O. Bdx Number is Not Acceptable) T | ccept |
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| MELBOURNE FL 32940 3 0 9 COUNTY WALK ST City WELBOURNE, FL Zig Code 3 0 9 Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME SIREET ADDRESS CITY-S1-ZIP MELBOURNE FL 32940 TITLE VSTD Delete TITLE VSTD Delete TITLE VSTD Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-S1-ZIP Change Change | <u>ò</u> |
| 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. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 | <u>ò</u> |
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| 12. 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii). | |

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/14/03 Date

321-254-6665

Daytime Phone #