

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90190 027 \*\*\*158.75

**DOCUMENT # P01000026182**

1. Entity Name  
**HEALTHWATCH SERVICES, INC.**

Principal Place of Business  
**230 NW 195 AVE**  
**PEMBROKE PINES FL 33029**

Mailing Address  
**230 NW 195 AVE**  
**PEMBROKE PINES FL 33029**

40022

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**0716930775**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MOLL, FRED III**  
**230 NW 195 AVE**  
**PEMBROKE PINES FL 33029**

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. I am familiar with, and accept 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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD MOLL, FRED III 230 NW 195 AVE PEMBROKE PINES FL 33029</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**FRED MOLL III**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/10/02 (954)445-3986**  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment #

40022

To: Uniform Business Report (URB)

July 10, 2002

From: HealthWatch Services Inc.  
Document#: P01000026182  
Fred Moll, President

RE: Renewal of corporation

I received a warning notice in today's mail that my corporation, HealthWatch Services, Inc., will be administratively dissolved / revoked if I do not properly file the reinstatement / uniform business report. However, I never received my first notice of renewal notice in the mail. Therefore, I called (850) 488-9000 and the employee requested that I complete the Uniform Business Report today along with a letter explaining that I did not receive the first notice. Therefore, I am sending this letter along with the completed report and a check for \$150 for the renewal process. I am sorry for any inconveniences that I may have caused, but I honestly never received the first notification. Can I pay for 2 or 3 years in advance, to avoid this issue in the future?

Thank you in advance for your help!

*Fred Moll*

Fred Moll  
HealthWatch Services, Inc.  
President  
(954) 445-3886  
email: mollrm@bellsouth.net

Attachment  
40022

To: Uniform Business Report (URB)

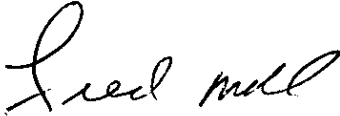
July 22, 2002

From: HealthWatch Services Inc.  
Document#: P01000026182  
Fred Moll, President

RE: Renewal of corporation /Incorrect Federal ID Number

**The correct Federal Identification number is 65-1089082.**

Thank you in advance for your help!



Fred Moll  
HealthWatch Services, Inc.  
President  
(954) 445-3886  
email: mollrm@bellsouth.net