2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000065143

Entity Name: HEALTHCARE PERSPECTIVES, INC.

Current Principal Place of Business:

144 FIRST AVE. SOUTH, SUITE 600
ST. PETERSBURG, FL 33701

New Principal Place of Business:

100 FIRST AVE. SOUTH, SUITE 600
ST. PETERSBURG, FL 33701

Current Mailing Address:

144 FIRST AVE. SOUTH, SUITE 600
ST. PETERSBURG, FL 33701

New Mailing Address:

100 FIRST AVE. SOUTH, SUITE 600
ST. PETERSBURG, FL 33701

FEI Number: 59-3723791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOVE, JOYCE
144 FIRST AVE. SOUTH, SUITE 600
ST. PETERSBURG, FL 33701

Name and Address of New Registered Agent:

DOVE, JOYCE
100 FIRST AVE. SOUTH, SUITE 600
ST. PETERSBURG, FL 33701

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: _____ 04/26/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SIMMONS, GARY
Address: 144 FIRST AVE. SOUTH, SUITE 600
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D ( ) Delete
Name: WALLBANK, NIGEL
Address: 144 FIRST AVE. SOUTH, SUITE 600
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D ( ) Delete
Name: DOVE, JOYCE
Address: 144 FIRST AVE. SOUTH, SUITE 600
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE DOVE D 04/26/2002
Electronic Signature of Signing Officer or Director — Date