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9/15/2002-90092-043-$150.00-$150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102710

1. Entity Name
HEP CARE INC

FILED
02 OCT -4 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2813 BRIARWOOD LN PALM HARBOR FL 34683	2813 BRIARWOOD LN PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65 1149085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BUSINESS FILINGS INCORPORATED~~ June Clark
~~1000 WEST AVE, STE 1114~~ 2813 Briarwood Ln
~~MIAMI BEACH FL 33139~~ Palm Harbor, FL. 34683
was changed in July.

7. Name and Address of New Registered Agent

Name: June A. Clark
Street Address (P.O. Box Number is Not Acceptable): 2813 Briarwood Ln.
City: Palm Harbor FL Zip Code: 34683

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: June A Clark DATE: 9/23/02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEES, JANET 761 SOUNDVIEW PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, JUNE 2813 BRIARWOOD LN PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	78	☐ Change ☐ Addition

CR2E034 (4/02)

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 Janet Dees 9/12/02 727 786-3296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 871907

#P01000102710

Hep Care Inc.

Sept 12, 2002

Department of State
Division of corporations
UBR Report Division

Dear Sir,

I the undersigned Janet R. Dees, President of HepCare Inc. did not recieve the first copy or notice of the required UBR report. I have completed the form and am including a check for $150.00 per your instructions. Please feel free to contact me if you have any questions at (727) 944-4685

Sincerely

Janet R. Dees
President
Hep Care Inc

PS Please excuse the paper our stationary has been delayed