

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91526 002 \*\*\*150.00

**DOCUMENT # P01000108658**

1. Entity Name

**DWA HEALTHCARE CONSULTANTS, INC.**

Principal Place of Business

**6921  
6291 ENVIRON BLVD., STE. 6-S  
LAUDERHILL FL 33319**

Mailing Address

**6921  
6291 ENVIRON BLVD., STE. 6-S  
LAUDERHILL FL 33319**

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

**65-1154565**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SISSON, LARRY**

**218 SOUTHERN COUNTRY LN.  
QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name

**William K. Accles**

Street Address (P.O. Box Number is Not Acceptable)

**6921 ENVIRON BLVD STE. 6-S**

City

**LAUDERHILL FL.**

**FL**

Zip Code

**33319**

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 **William K. Accles - PRESIDENT**

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 **DP** ☐ Delete  
NAME **ACCLES, WILLIAM**  
STREET ADDRESS **6291 ENVIRON BLVD., STE. 6-S**  
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **DST** ☐ Delete  
NAME **ACCLES, ANNETTE**  
STREET ADDRESS **6291 ENVIRON BLVD., STE. 6-S**  
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **D** ☐ Delete  
NAME **MACCAPANI, BERNEDETTE**  
STREET ADDRESS **41 PETER AVE.**  
CITY-ST-ZIP **STATEN ISLAND NY 10306**

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 ☐ 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

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:

**William K. Accles - PRESIDENT**

**APRIL 28, 2002**

Date

Daytime Phone #

CR2E034 (9/01)

**917-744-3671**