

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90070 008 ***150.00

DOCUMENT # PO2000001457

1. Entity Name

HEALTHCARE CONSTRUCTION SPECIALISTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

308 MARSHSIDE DR, NORTH

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. AUGUSTINE, FL

City & State

4. FEI Number

26-0025955

Applied For

Not Applicable

Zip

32080

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM GAMBLE

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

308 MARSHSIDE DR, NORTH

City

ST. AUGUSTINE

FL

Zip Code

32080

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 Gamble

WILLIAM GAMBLE

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT
WILLIAM GAMBLE
308 MARSHSIDE DR, NORTH
ST. AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
SUZANNE GAMBLE
308 MARSHSIDE DR, NORTH
ST. AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William Gamble

WILLIAM GAMBLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)