

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90366 006 \*\*\*150.00

**DOCUMENT # P02000049051**

1. Entity Name

HEALTHCARE RESOURCE GROUP, INC.



Principal Place of Business

8380 SW 102 STREET  
MIAMI FL 33156

Mailing Address

8380 SW 102 STREET  
MIAMI FL 33156

10014639

2. Principal Place of Business

7864 SW 106TH AVENUE  
Suite, Apt. #, etc.

3. Mailing Address

7864 S.W. 106TH AVENUE  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
MIAMI - FLA. 33173

City & State  
MIAMI - FL.

4. FEI Number

30-0078807

Applied For

Not Applicable

Zip  
33173

Country  
DADE

Zip  
33173

Country  
DADE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VARELA, MANUEL JR  
8380 SW 102 STREET  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name VARELA, GEORGETTE  
Street Address (P.O. Box Number is Not Acceptable)  
7864 SW 106TH AVENUE  
City MIAMI - FL. FL Zip Code 33173

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME VARELA, MANUEL JR  
STREET ADDRESS 8380 SW 102 STREET  
CITY-ST-ZIP MIAMI FL 33156 ☒ Delete

TITLE D  
NAME GONZALEZ, MYRTA L  
STREET ADDRESS 8380 SW 102 STREET  
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME GEORGETTE VARELA  
STREET ADDRESS 7864 SOUTHWEST 106TH AVENUE  
CITY-ST-ZIP MIAMI-FL 33173 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
PRESIDENT GEORGETTE VARELA

Date

Daytime Phone #

CR2E034 (10/02)