

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90072 012 \*\*\*150.00

**DOCUMENT # P03000052383**

1. Entity Name  
**HEALTHCARE SOUTH CONSULTING SERVICES, INC.**



Principal Place of Business  
**1355 CHALLEN AVENUE  
JACKSONVILLE, FL 32205**

Mailing Address  
**1355 CHALLEN AVENUE  
JACKSONVILLE, FL 32205**

**24079890**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08022004

Chg-P

CR2E034 (10/03)

4. FEI Number

**58-2669094**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRANDT-COMER, LINDA  
1355 CHALLEN AVENUE  
JACKSONVILLE, FL 32205**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BRANDT-COMER, LINDA**  
STREET ADDRESS **1355 CHALLEN AVENUE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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

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:**

**LINDA BRANDT-COMER**

*Linda Brandt Comer* 8/6/04 904-891-4586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 24079890  
# P030000523F3

August 11, 2004

Division of Corporations  
P.O. Box 6198  
Tallahassee, Florida 32314-6198

To Whom It May Concern:

I incorporated my business in April of 2003. As noted on the attached 2004 Annual Report, I never received any paper work regarding information for 2004. I also had not indication, until I received your NOTICE OF INTENT TO DISSOLVE, that I was required to file any documentation.

In light of this, I ask you to withhold the penalties for late filing as noted on the form I downloaded from the Internet. If this is acceptable, please find a check for \$150 as a fee for filing.

Thank you for your consideration.

Sincerely,



Linda Brandt-Comer  
President  
Healthcare South Consulting Services, Inc.



24079840  
Division of Corporations

2004 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number P03000052383

Business Entity Name HEALTHCARE SOUTH CONSULTING SERVICES, INC.

Original File Date 05/01/2003

FEI Number

Principal Address 1355 CHALLEN AVENUE  
JACKSONVILLE, FL 32205

Mailing Address 1355 CHALLEN AVENUE  
JACKSONVILLE, FL 32205

Registered Agent LINDA BRANDT-COMER  
1355 CHALLEN AVENUE  
JACKSONVILLE, FL 32205

Officer/Director Name And Address

D  
LINDA BRANDT-COMER  
1355 CHALLEN AVENUE  
JACKSONVILLE, FL 32205

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

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