

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17034

1. Entity Name

HEALTHCARE INVESTORS OF AMERICA, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90081 002 ***150.00

Principal Place of Business

2940 N. SWAN RD.
 SUITE 228 212
 TUCSON AZ 85712

Mailing Address

2940 N. SWAN RD.
 SUITE 228 212
 TUCSON AZ 85712-6025
 US

2. Principal Place of Business

as above

3. Mailing Address

as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

86-0576027

Applied For

Not Applicable

Zip

Country

U.S.

Zip

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 C/O BAYSHORE CONVENTION CENTER
 16650 W. DIXIE HWY
 N. MIAMI BEACH FL 33160

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.

SIGNATURE

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, 2000 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	S	<input type="checkbox"/> Delete
NAME	ZELLER, JOAN M	
STREET ADDRESS	2990 N. SWAN, SUITE 228	
CITY-ST-ZIP	TUCSON AZ 85712	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARKHAM, F. DALE	
STREET ADDRESS	2990 NORTH SWAN, #228	
CITY-ST-ZIP	TUCSON AZ 85712	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNTER, GRADY P.	
STREET ADDRESS	2990 N. SWAN RD., #228	
CITY-ST-ZIP	TUCSON AZ 85712	
TITLE	D	<input type="checkbox"/> Delete
NAME	TREFZGER, CHARLES E JR	
STREET ADDRESS	75 S. CHURCH ST. STE. 650	
CITY-ST-ZIP	PITTSFIELD MA 01201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2940 N. Swan, Suite 212
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2940 N. Swan, Suite 212
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2940 N. Swan, Suite 212
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joan M. Zeller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN M. Zeller

04-24-00 (526) 526-2000

Date Daytime Phone #

CR2E034 (9/99)