

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19449

1. Entity Name

HCSC ENTERPRISES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90042 041 ***150.00

Principal Place of Business

1503 N. CEDAR CREST BLVD.
 STE. 205
 ALLENTOWN PA 18104
 US

Mailing Address

2171 28TH ST S.W.
 ALLENTOWN PA 18103-7073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2210758

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDICAL CONSUMER COUNSELING
 1325 SAN MARCO BLVD.
 STE. 401
 JACKSONVILLE FL 32207

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME LEE, J. MICHAEL
 STREET ADDRESS %2171 28TH STREET SW
 CITY-ST-ZIP ALLENTOWN PA

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

TITLE V ☐ Delete
 NAME CRIMMINS, TIMOTHY
 STREET ADDRESS %2171 28TH STREET SW
 CITY-ST-ZIP ALLENTOWN PA

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

TITLE V ☒ Delete
 NAME MACRINA, JOSEPH
 STREET ADDRESS 1503 N. CEDAR CREST BLVD., STE. 205
 CITY-ST-ZIP ALLENTOWN PA

TITLE V ☐ Change ☒ Addition
 NAME BURNS, JAMES
 STREET ADDRESS 1503 N. Cedar Crest Blvd., Ste. 205
 CITY-ST-ZIP Allentown, PA 18104

TITLE V ☐ Delete
 NAME FENSTERMACHER, THOMAS
 STREET ADDRESS %2171 28TH STREET SW
 CITY-ST-ZIP ALLENTOWN PA

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

TITLE AS ☐ Delete
 NAME FREDERICK, SHIRLEY
 STREET ADDRESS %2171 28TH STREET SW
 CITY-ST-ZIP ALLENTOWN PA

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

TITLE CD ☐ Delete
 NAME SHANNON, DAVID
 STREET ADDRESS C/O 2171 28TH ST, SW
 CITY-ST-ZIP ALLENTOWN PA

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: *Thomas D. Fenstermacher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas D. Fenstermacher, VP-Finance (610) 791-2222

Date

Daytime Phone #

CR2E034 (9/99)