

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90072 046 ***150.00

DOCUMENT # P27117

1. Entity Name
HEALTHCARE SYNERGIES, INC.

Principal Place of Business

2165 W PARK CT STE A
STONE MOUNTAIN GA 30087

Mailing Address

2165 W PARK CT STE A
STONE MOUNTAIN GA 30087

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1840504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPARKS, JOE A.

815 ROYALWOOD LANE

OVIEDO FL 32765

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, 2002 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 **PD** ☐ Delete
NAME **SPARKS, JOE A.**
STREET ADDRESS **815 ROYALWOOD LANE**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **VD** ☐ Delete
NAME **AXMANN, JOE R.**
STREET ADDRESS **2166 JONQUIL DR.**
CITY-ST-ZIP **LILBURN GA 30047**

TITLE **TD** ☐ Delete
NAME **AXMANN, MARY**
STREET ADDRESS **2166 JONQUIL DR.**
CITY-ST-ZIP **LILBURN GA 30047**

TITLE **SD** ☐ Delete
NAME **SPARKS, CAROL**
STREET ADDRESS **815 ROYALWOOD LANE**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1349 Carrington Way**
CITY-ST-ZIP **Lawrenceville, GA 30044**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1349 Carrington Way**
CITY-ST-ZIP **Lawrenceville, GA 30044**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)