

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32775

1. Entity Name

HEALTHCARE ADMINISTRATIVE SYSTEMS INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90204 008 ***150.00

Principal Place of Business

Mailing Address

8888 KEYSTONE CROSSING
SUITE 1555
INDIANAPOLIS IN 46240
US

8888 KEYSTONE CROSSING
SUITE 1555
INDIANAPOLIS IN 46240-7758
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3815 River Crossing Parkway

Suite, Apt. #, etc.

Suite 200

City & State

Indianapolis IN

Zip

46240

Country

USA

3. Mailing Address

3815 River Crossing Parkway

Suite, Apt. #, etc.

Suite 200

City & State

Indianapolis IN

Zip

46240

Country

USA

4. FEI Number

42-1180891

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

GRIFFIN, CHRISTOPHER L
ONE TAMPA CITY CENTER, #2100
201 NORTH FRANKLIN STREET
TAMPA FL 33602

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 CP ☐ Delete
NAME CLARK, PAUL R.
STREET ADDRESS 6960 DEAN ROAD
CITY-ST-ZIP INDIANAPOLIS IN

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

TITLE VC ☐ Delete
NAME CLARK, PAUL R.
STREET ADDRESS 6960 DEAN ROAD
CITY-ST-ZIP INDIANAPOLIS IN

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

TITLE VST ☐ Delete
NAME CLARK, PAUL R.
STREET ADDRESS 6960 DEAN ROAD
CITY-ST-ZIP INDIANAPOLIS IN

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

JAN 10, 2000

Date

317.574.3771

Daytime Phone #

CR2E034 (9/99)