

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90249 042 ***150.00

DOCUMENT # P32775

1. Entity Name

HEALTHCARE ADMINISTRATIVE SYSTEMS INC.

Principal Place of Business

Mailing Address

**3815 RIVER CROSSING PKWY
 SUITE 200
 INDIANAPOLIS IN 46240
 US**

**3815 RIVER CROSSING PKWY
 SUITE200
 INDIANAPOLIS IN 46240
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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, 2001 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 **3815 River Crossing Pkwy #200**
 STREET ADDRESS **Indianapolis, IN 46240**
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **3815 River Crossing Pkwy #200**
 STREET ADDRESS **Indianapolis, IN 46240**
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **3815 River Crossing Pkwy #200**
 STREET ADDRESS **Indianapolis, IN 46240**
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 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:

Paul R. Clark, Paul R. Clark
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01
 Date

317-574-3770
 Daytime Phone #

CR2E034 (10/00)