

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90233 037 \*\*\*150.00

0622159 AT

**DOCUMENT # P40649**

1. Entity Name  
**HEALTHCARE CONSULTANTS OF AMERICA, INC.**

Principal Place of Business <b>1054 CLAUSSEN RD          SUITE 307          AUGUSTA GA 30907          US</b>	Mailing Address <b>1054 CLAUSSEN RD          SUITE 307          AUGUSTA GA 30907          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1826731**

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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD LYLE, JAMES 1054 CLAUSSEN RD SUITE 307 AUGUSTA GA 30907</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD TORRAS, HOYT 3525 PIEDMONT RD BLVD 8 SUITE 600 ATLANTA GA 30305</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GRAHAM, NANCY 1054 CLAUSSEN RD SUITE 307 AUGUSTA GA 30305</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C HOLLIS, CHARLES D JR M 3525 PIEDMONT RD BLDG 8 SUITE 600 ATLANTA GA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MENENDEZ, JACK F MD 700 SPRING ST MACON GA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VANDIVER, ROY W MD 2675 N DECATUR DR DECATUR GA</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Marilyn J. Allen, Esq. 3525 Piedmont Rd., Bldg. B, Ste. 600 Atlanta, GA 30305</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marilyn J. Allen **WIRED** 3/28/02 404-842-5600  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)